

<b>Case Number:</b>	CM15-0062966		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/29/2004
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68-year-old male, who sustained an industrial injury on 4/29/2004. Diagnoses have included gastritis, irritable bowel syndrome (secondary to narcotics and non-steroidal anti-inflammatory drugs), hemorrhoids, rectal bleeding, hiatal hernia and ulcerative colitis. Treatment to date has included medication. According to the progress report dated 2/16/2015, the injured worker complained of intermittent irritable bowel symptoms. He also reported occasional sleep disturbance, intermittent epigastric abdominal pain (controlled with medication) and worsening flatulence and bloating without medications. Physical exam of the abdomen revealed diffuse tenderness to palpation. Authorization was requested for Anusol suppositories, Preparation H cream, urine toxicology and abdominal ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**U tox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December". The medical documentation provided does not indicate this patient is taking any schedule class medications. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U tox is not medically necessary.

**Abdominal Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Ultrasonography of the hepatobiliary tract and Transabdominal ultrasonography of the small and large intestine <http://www.uptodate.com/>.

**Decision rationale:** Uptodate states "Common clinical applications for hepatobiliary ultrasound include evaluating right upper quadrant pain, evaluating obstructive jaundice, screening for hepatocellular carcinoma, evaluating patients before and after liver transplantation, and evaluating shunt patency in patients who have a transjugular intrahepatic portosystemic shunt. Transabdominal ultrasonography is most commonly used to obtain images of hepatobiliary, urogenital, and pelvic structures. Its utility for imaging the alimentary gastrointestinal tract is less well established, principally because of technical difficulties in obtaining quality images of these regions". Uptodate states that Transabdominal ultrasound can be used to evaluate a large number of conditions including: Appendicitis (see 'Appendicitis' above). Epiploic appendagitis (see 'Epiploic appendagitis' above). Diverticulitis (see 'Diverticulitis' above). Inflammatory bowel disease (see 'Crohn disease' above and 'Ulcerative colitis' above). Infectious enterocolitis (see 'Infectious enterocolitis' above). Intussusception (see 'Intussusception' above). Tumors (see 'Benign and malignant tumors of the small and large intestine' above). Celiac disease (see 'Celiac disease' above). There was no documentation of a concern for the above diagnosis. Medical documentation provided indicates this patient recently had a GI consultation but the results of the consultation are not fully detailed. There is no rationale behind this request, or how the results

will change the current treatment plan. As such, the request for Abdominal Ultrasound is not medically necessary.