

<b>Case Number:</b>	CM15-0067629		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/23/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury on 10/23/2002. Her diagnoses include: worsening gastroesophageal reflux disease controlled with medication; irritable bowel syndrome controlled with medication; hypertension mostly controlled; hyperlipidemia controlled; opioid induced constipation improved; and depression. Her treatments have included diagnostic evaluations and studies, and medication management. The progress notes of 2/12/2015, noted complaints of unchanged acid reflux with Omeprazole, improving hypertension, no change in blurred vision, unchanged alternating constipation and diarrhea, no change in bloating, and reports headaches with a history of syncope > 1 year ago. The examination findings note normal blood pressure and post-postprandial accucheck reading, and normal bowel sounds. The physician's requests for treatments included hypertension and gastrointestinal profile laboratories, Bentyl with 2 refills, and an accucheck/blood sugar machine. It is stated that she is receiving treatment for hypertension through her private medical doctor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertension and Gastrointestinal profiles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation European Society of Cardiology -Laboratory Tests.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 10/23/2002. The medical records provided indicate the diagnosis of worsening gastroesophageal reflux disease - controlled with medication; irritable bowel syndrome controlled with medication; hypertension mostly controlled; hyperlipidemia controlled; opioid induced constipation improved; and depression. The medical records provided for review do not indicate a medical necessity for Hypertension and Gastrointestinal profiles. Therefore, the request is not medically necessary. The records reviewed did not provide any information on work history, mechanism of injury, past treatments. The MTUS recommends that diagnostic studies be ordered in the context of the findings from the history, including review of medical records, treatment, and physical examination finding, since the effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures and successes, This is even more important because hypertension and irritable bowel diseases are usually not considered traditional occupational ailments. If there is any possibility of these being related to the job, there should be enough documentation to substantiate it. The MTUS states, "the occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition."

**Bentyl 20mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Geriatrics Society, page 616-631: Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6. Decision based on Non-MTUS Citation MedscapeDicyclomine<http://reference.medscape.com/drug/bentyl-dicyclomine-341987>.

**Decision rationale:** The injured worker sustained a work related injury on 10/23/2002. The medical records provided indicate the diagnosis of worsening gastroesophageal reflux disease controlled with medication; irritable bowel syndrome controlled with medication; hypertension mostly controlled; hyperlipidemia controlled; opioid induced constipation improved; and depression. The medical records provided for review do not indicate a medical necessity for Bentyl 20mg quantity 90, therefore the request is not medically necessary. Bentyl (Dicyclomine), is an antispasmodic anticholinergic used in the treatment irritable bowel disease. Irritable bowel disease and most other gastrointestinal ailments are usually not considered to be occupational diseases. There was not enough information in the records provided to relate the diagnosis to the Work. The MTUS and the Official Disability Guidelines are silent on it. The MTUS requires that case management be done in the context of the history, physical findings and diagnosis.

**Accu-check:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, Glucose Monitoring.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6. Decision based on Non-MTUS Citation <https://www.accu-check.com/microsites/aviva-expert/healthcare-professionals.html>.

**Decision rationale:** The injured worker sustained a work related injury on 10/23/2002. The medical records provided indicate the diagnosis of worsening gastroesophageal reflux disease controlled with medication; irritable bowel syndrome controlled with medication; hypertension mostly controlled; hyperlipidemia controlled; opioid induced constipation improved; and depression. The medical records provided for review do not indicate a medical necessity for Accu-check, therefore the request is not medically necessary. Accu-check is a device used by diabetic for monitoring blood glucose. Diabetes is usually not considered as occupational disease, the MTUS and the Official Disability Guidelines are silent on Accu-check. The medical records reviewed did not provide enough information why this test should be done as an occupational injury case. The MTUS requires that case management be done in the context of history, physical examination and diagnosis, rather than just as a screening tool.