

<b>Case Number:</b>	CM15-0070743		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 (IW) is a 38-year-old male who sustained an industrial injury on 09/07/2009. Diagnoses include constipation/diarrhea with irritable bowel syndrome, gastritis and gastroesophageal reflux disease. Treatment to date has included medications and dietary recommendations. Diagnostics included lab testing, endoscopy and abdominal ultrasound. According to the progress notes dated 2/24/15, the IW reported acid reflux was controlled; he denied other GI symptoms including diarrhea, constipation, abdominal pain and rectal bleeding. On examination, the abdomen was soft, non-tender, non-distended and the bowel sounds were normal. A request was made for Probiotics, #90; fasting labs: GI profile, urinalysis, and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics #90 2 refills prescribed 2/24/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 38 year old male has complained of diarrhea and constipation since date of injury 9/7/09. He has been treated with medications. The current request is for Probiotics. The above referenced medical literature does not indicate that probiotics are recommended in the treatment of diarrhea and constipation. On the basis of the available medical records and per the guidelines cited above, probiotics are not indicated as medically necessary.

**Fasting Labs GI Profile, Urinaylsis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cigna.com/healthinfo](http://www.cigna.com/healthinfo).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 38 year old male has complained of diarrhea and constipation since date of injury 9/7/09. He has been treated with medications. The current request is for Fasting Labs GI Profile, Urinaylsis. Per the availalbe medical records the above laboratories were performed in 11/2014. There is no documented provider rationale regarding why repeat laboratories are indicated as necessary. On the basis of the available medical records the request for Fasting Labs GI Profile, Urinaylsis is not indicated as medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use, steps to avoid misuse Page(s): 89,94.

**Decision rationale:** This 38 year old male has complained of diarrhea and constipation since date of injury 9/7/09. He has been treated with medications. The current request is for a urine toxicology screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opiods. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine toxicology screen is not indicated as medically necessary.