

<b>Case Number:</b>	CM13-0012162		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who has submitted a claim for right wrist strain, knee osteoarthritis, lumbosacral strain, hypertension, sleep apnea, GERD, and carpal tunnel syndrome associated with an industrial injury date of August 14, 2010. Medical records from 2013 were reviewed. The patient had complaints of pain at the right knee, lower back, and right wrist, graded 5 to 6/10 in severity, aggravated with activity. She was unable to perform her usual work. She reported improved sleep quality with the use of CPAP. The patient also had complaints of persistent palpitations (occurring three times weekly), headaches, hearing loss, and tinnitus. Her medical history was remarkable for an enlarged heart. Blood pressure was 148/84 mmHg, heart rate 91 beats per minute, height of 5'11", and weight of 255 pounds. Cardiac exam revealed regular rate and rhythm without rubs or gallops. Physical examination of the right knee showed limited range of motion and tenderness. Objective findings of the right wrist and lumbar spine were unremarkable. Gait was normal. Treatment to date has included right knee intra-articular injection, carpal tunnel injection, physical therapy, home exercise program, and medications such as omeprazole, amlodipine, losartan, zolpidem, ibuprofen, Klonopin, Benicar, hydralazine, and acetaminophen/buta/caffeine. Utilization review from July 30, 2013 denied the requests for Fioricet; Sentra pm; a fasting lab tests; a split sleep study with CPAP titration; and a referral to a cardiologist, an ophthalmology consultation and ENT consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLORICET, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Containing Analgesic Agents (BCAs), Fioricet.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Page(s): 23.

**Decision rationale:** Fioricet contains butalbital, acetaminophen, and caffeine. According to the Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the patient has been taking Fioricet since July 2013, however, there is no documentation available concerning pain relief and functional improvements derived from this medication. Fioricet is likewise not recommended for chronic pain. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

**SENTRA PM, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011, Chronic Pain-Medical Food; The US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2010; and the Physician's Desk Reference, Sentra PM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sentra PM.

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. It states that Sentra is a medical food intended for use in management of sleep disorders associated with depression, which is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic Acid is used for treatment of hypochlorhydria and achlorhydria including those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. In this case, patient has been on Sentra PM since 2013. However, medical records failed to indicate the specific improvement derived from it, as well as indication for its use. There was no evidence suggesting that the patient has nutritional requirements or amino acid deficiency that would necessitate this medication. Therefore, the request is not medically necessary.

**FASTING LAB TESTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, edited by Dennis Kasper, MD., et al. 16th Edition, 2005, pages 38-43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Chemistry, Fasting laboratory tests.

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. It states that fasting laboratory tests may include liver panel, blood glucose, lipid panel, serum creatinine, among other things. In this case, patient has comorbid conditions including hypertension and obesity. The patient likewise has chronic use of pain medications. Monitoring of possible adverse effects may be necessary. However, the request failed to specify the fasting laboratory test needed for this case. The request is not specific; therefore, the request is not medically necessary.

#### **A REFERRAL TO A CARDIOLOGIST: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** According to the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient is a known hypertensive for 10 years. Maintenance medications include amlodipine and olmesartan. The patient likewise complained of palpitations occurring three times weekly. Past medical history is positive for enlarged heart. Although cardiac exam revealed unremarkable findings, consultation to a specialist is necessary for further evaluation. Therefore, the request is medically necessary.

#### **A SPLIT SLEEP STUDY WITH CPAP TITRATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (web) 4/29/11, polysomnography; and the US National Library of Medicine and National Institutes of Health, Sleep Apnea Risk Factors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography.

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient had sleep difficulty for the past 10 years. Progress report from June 21, 2013 revealed that patient underwent sleep study showing mild to moderate desaturation. She received a CPAP trial and reported no headaches and no red eye upon waking up. She also had more energy. Progress report from August 21, 2013 revealed improving sleep quality. There is no clear indication for a repeat sleep study given that patient already underwent a recent sleep study and reported functional benefits associated with CPAP use. Therefore, the request is not medically necessary.

**AN OPHTHALMOLOGY CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** According to the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient reported chronic headaches and was noted to have presbyopia. There is a compelling indication for specialist consultation for further evaluation and management. Therefore, the request is medically necessary.

**AN EAR, NOSE AND THROAT (ENT) CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** According to the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, progress report from April 13, 2011 revealed that patient complained of tinnitus. A medical report from August 21, 2013 revealed persistence of tinnitus, associated with hearing loss. There is a compelling indication for specialist consultation for further evaluation and management. Therefore, the request for is medically necessary.