

Case Number:	CM13-0017907		
Date Assigned:	10/11/2013	Date of Injury:	08/24/2007
Decision Date:	01/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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 physician 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.

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 52-year-old female who reported a work-related injury on 08/24/2007; specific mechanism of injury was not stated. The clinical note dated 05/06/2013 reported the patient was seen under the care of [REDACTED], primary treating physician, for the patient's injuries. The provider documented the patient presented with complaints of cervical spine pain rated at 8/10 to 9/10, as well as right shoulder pain, left shoulder pain, low back pain, and left knee pain. The provider documented the patient was status post surgical interventions to the bilateral shoulders most recent in 2010. The provider documented the patient was crying during the examination secondary to pain. The provider documented upon physical exam of the cervical spine there was tenderness to palpation with hypertonicity over the paravertebral muscles. The patient presented with decreased range of motion about the cervical spine. Motor strength was noted to be 5/5 throughout the bilateral upper extremities and bilateral lower extremities. The provider documented the patient presented with the following diagnoses: cervical disc syndrome, bilateral shoulder rotator cuff syndrome, status post bilateral shoulder surgery, low back syndrome, left knee internal derangement, fibromyalgia syndrome, and chest pain. The provider documented the patient's medications were refilled to assist in reducing or aiding in resolving the patient's signs and symptoms, Relafen, Prilosec, Lyrica, unspecified topical cream, and consultation with an internal medicine specialist was recommended, as well as a cardiologist and pulmonologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine toxicology test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The most recent clinical note submitted for review with physical exam and plan of treatment by the primary treating provider was dated for 5/06/2013. The current request previously received an adverse determination due to lack of documentation indicating the employee was utilizing opioid medications. Furthermore, after review of the current clinical notes submitted, it is unclear when the employee last underwent a urine drug screen to assess for compliance with the employee's current medication regimen. California MTUS indicates that drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. However, as the clinical notes do not indicate when the employee last underwent a urine drug screen, the current request is not supported. In addition, the previous peer review documented the employee underwent a urine drug screen in 03/2013 which revealed no aberrant results. The request for a urine toxicology test is not medically necessary and appropriate.

Simethicone 80mg #90 with 2 refills: 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 Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Drug Package Insert for Simethicone.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current requested medication for the employee's complaints. The current request previously received an adverse determination due to lack of evidence to support the use of activated charcoal-containing products and other agents for patients with irritable bowel syndrome. Given the lack of documentation evidencing the patient's reports of efficacy with the current requested medication, the request is not medically necessary. The request for simethicone is not medically necessary and appropriate.

The request for probiotics: 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 MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, the Physician Reviewer based his/her decision on a probiotics drug package insert..

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. Probiotics are microorganisms that have claimed health benefits when consumed that are utilized to help maintain the natural balance of microflora in the intestines. Given lack of recent documentation evidencing the employee's reports of efficacy with her current medication regimen the request is not supported. The request for probiotics is not medically necessary and appropriate.

Lyrica 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request previously received an adverse determination due to previous request having been modified for weaning and the tapering process was expected. California MTUS indicates that pregabalin has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and has FDA approval for both indications and is considered first-line treatment for both; pregabalin is also approved to treat fibromyalgia. The current clinical notes reviewed lack evidence of the employee's reports of efficacy with her current medication regimen. The request for Lyrica is not medically necessary and appropriate.

Calcium carbonate 750mg: 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 MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Online drug package insert..

Decision rationale: The clinical notes lacked evidence to support the requested medication for the employee. The clinical notes did not indicate the rationale for the utilization of calcium carbonate 750 mg for the employee's current presenting diagnoses. The current request previously received an adverse determination due to lack of documentation evidencing support for the requested medication. The clinical notes document the employee has a diagnosis of irritable bowel syndrome. However, calcium carbonate is a dietary supplement utilized when the amount of calcium taken in diets is not enough. The clinical notes do not indicate the patient presents with a calcium deficiency to support the requested medication use. The request for calcium carbonate is not medically necessary and appropriate.

Amitriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: California MTUS indicates that antidepressants for chronic pain are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The clinical documentation submitted for review lacks evidence to support the requested medication for the employee's neuropathic or depressive complaints. The current request previously received an adverse determination due to the employee presenting with a diagnosis of irritable bowel; amitriptyline should be avoided due to constipating effects. The request for amitriptyline is not medically necessary and appropriate.

The request for a diabetes, GI and hypertension laboratory profile: 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 MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Merck manual..

Decision rationale: The clinical notes lack evidence to support the requested diagnostic studies at this point in the employee's treatment without specific rationale rendered in the clinical notes reviewed. The current request previously received an adverse determination due to lack of documentation of a submitted rationale to support the requested diagnostic laboratory studies. The clinical notes do not evidence when the employee last underwent the requested laboratory studies as the employee does present with a diagnosis of irritable bowel syndrome. The request for the laboratory studies is not medically necessary and appropriate.