

<b>Case Number:</b>	CM13-0056510		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, gastroesophageal reflux disease (GERD), esophagitis, and chronic pain syndrome reportedly associated with cumulative trauma at work between the dates of October 22, 2000, through October 22, 2001. Thus far, the applicant has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; and extensive periods of time off work, per a medical-legal evaluation of February 10, 2004. In a June 24, 2014, progress note, the applicant was described as having gastroesophageal reflux disease controlled with medications. The applicant had issues with GERD and gastritis, reportedly imputed to the industrial injury. The applicant also had issues with hepatitis B, mental health disease, sleep disturbance, and asthma. The applicant was reportedly given a prescription for Gaviscon for gastritis. The applicant's work status was not provided. It was not stated whether or not Gaviscon was the sole medication the applicant was using for reflux. The applicant was also given Colace for constipation, it was further noted. In the progress note on December 24, 2013, the applicant was described as using Albuterol once or twice daily for shortness of breath. The applicant was reporting epigastric pain, constipation, diarrhea, and hemorrhoids. The applicant stated that he was sleeping 8 hours a day. Dexilant, Simethicone, Albuterol, Claritin, and Advair were apparently endorsed. A 2D echocardiogram demonstrated an ejection fraction of 65%, it was stated. Authorization for medical transportation was sought owing to financial hardship. Somewhat incongruously, at the bottom of the report, the attending provider stated that he was prescribing Nexium for reflux, while in another section of the report stated the attending provider was prescribing Dexilant for reflux. In a utilization review report dated October 28, 2013, the claims administrator approved a urine drug screen, denied an EKG, denied a computerized blood pressure monitor, denied an echocardiogram, denied Nexium, denied

Simethicone, denied Claritin, denied Advair, denied Albuterol, denied Anusol, denied transportation, and conditionally denied fasting laboratory testing. The claims administrator stated that the applicant did not have any evidence of cardiovascular disease which would warrant an EKG testing. The claims administrator, somewhat incongruously, did document symptoms of worsening esophagitis, but denied Nexium on the grounds that there was no evidence that it had, in fact, been effective. The applicant's attorney subsequently appealed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Singapore Ministry of Health. Screening for cardiovascular disease and risk factors. Singapore: Singapore Ministry of Health; 2011 Mar. 101p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, EKG Article.

**Decision rationale:** The MTUS does not address the topic of EKG testing. As noted by Medscape, indications for EKG testing include the evaluation of applicants with defibrillators, pacemakers, myocardial injury, ischemia, and/or presence or absence of prior infarction. In this case, however, no clear or compelling rationale for the EKG was proffered by the attending provider. It was not clearly stated what was sought and/or what was suspected here. The applicant did not appear to have any stated history of myocardial infarction, coronary artery disease, congestive heart failure, arrhythmia, pacemaker implantation, etc., which would have compelled EKG testing. Therefore, the request was not medically necessary.

#### **Computerized blood pressure monitor: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Singapore Ministry of Health. Screening for cardiovascular disease and risk factors. Singapore: Singapore Ministry of Health; 2011 Mar. 101p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Use and Interpretation of Ambulatory Blood Pressure Monitoring: Recommendations of the British Hypertension Society.

**Decision rationale:** The MTUS does not address the topic. As noted by the British Hypertension Society, clinical indications for ambulatory blood pressure measurement include exclusion of white coat hypertension, helping applicants with a diagnosis of borderline hypertension, deciding on treatment for elderly applicants, diagnosing hypotension, diagnosing and/or treating hypertension in pregnancy, in identifying nocturnal hypertension, and/or in

assessing the presence or absence of resistant hypertension. In this case, however, none of these issues are seemingly present here. It is not clearly stated why ambulatory blood pressure monitoring is needed here. It is not clearly stated that the applicant is hypertensive and/or has occult hypertension. The applicant, for instance, was described as having normal blood pressure of 126/87 on March 25, 2014, without any blood pressure lowering medications. Similarly, on December 24, 2013, the applicant had a borderline blood pressure of 137/79, once again without any blood pressure lowering medications. For all the stated reasons, then, it does not appear that a computerized blood pressure monitor was/is indicated here. Therefore, the request was not medically necessary.

**2D echo with Doppler: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology Foundation, American Heart Association. 2010 ACCF/AHA guide for assessment of cardiovascular risk in asymptomatic adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2010 Dec 14; 56(25); e50-103.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1820912-overview#aw2aab6b2b2>.

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, indications for echocardiography include structural imaging of the pericardium to exclude a pericardial effusion, evaluation of wall motion abnormality, ventricular hypertrophy, or dilatation, structural imaging of the valves, and/or structural imaging of the great vessels, and/or cardiac output calculation. In this case, however, no clear rationale for the echocardiogram was provided. It was not clearly stated why the applicant needed echocardiography. The applicant did not appear to carry a diagnosis of heart failure, abnormalities of the great vessels, etc., which would have compelled echocardiography. The applicant, by all accounts, had no significant cardiac history to speak of. Echocardiography was not indicated. It was further noted that the echocardiography in question was reportedly normal, demonstrating an ejection fraction of 65%, as could be expected, given the absence of any significant cardiac history. Therefore, the request was not medically necessary.

**Nexium 40mg #30 with 2 refills between 9/16/2013 and 1/16/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Nexium to combat NSAID-induced

dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy to such recommendation. The attending provider should also tailor medications and dosages to the individual applicant taking into consideration applicant-specific variables such as other medications. In this case, the attending provider did not state why the applicant needed to use two separate proton pump inhibitors, Nexium and Dexilant. The attending provider stated in one section of the report that the applicant was using Nexium and, in another section of the report, stated that the applicant was using Dexilant. No rationale or explanation for the discrepant reporting was proffered by the attending provider. Therefore, the request was not medically necessary.

**Simethicone 10mg #90 with 2 refills between 9/19/2013 and 1/16/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 April 20. 20p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Simethicone Drug Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, Simethicone is indicated in the treatment of gastric retention in the gastrointestinal tract. In this case, the attending provider has posited that the applicant does have issues with gas retention, apparently a function of irritable bowel syndrome. Ongoing usage of Simethicone to combat the same is indicated. Therefore, the request is medically necessary.

**Claritin 10mg #30 with 3 refills between 9/19/2013 and 2/15/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Singapore Ministry of Health. Management of rhinosinusitis and allergic rhinitis. Singapore: Singapore Ministry of Health; 2010 Feb. 93p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Claritin Medication Guide.

**Decision rationale:** The MTUS does not address the topic of Claritin usage. As noted in Medscape, Claritin is indicated in the treatment of allergic rhinitis and/or urticaria. As noted by the National Library of Medicine (NLM), Claritin is an antihistamine used to relieve symptoms of runny nose, itchy watery eyes, sneezing, rhinitis, etc. In this case, it is not clearly stated why or for what purpose Claritin is being employed. No rationale for selection and/or ongoing usage of Claritin was provided. It was not clearly stated that the claimant carried a diagnosis of allergic rhinitis for which Claritin would be indicated. The attending provider did not, moreover,

incorporate any discussion of medication efficacy into the decision to renew Claritin. Therefore, the request was not medically necessary.

**Advair 250/50 #1 with 3 refills between 9/19/2013 and 2/15/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Asthma Working Group. VA/DoD clinical practice guideline for management of asthma in children and adults. Washington (DC): Department of Veteran Affairs, Department of Defense, 2009. 126p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physicians' Desk Reference (PDR), Advair Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), Advair is indicated in the treatment of asthma and/or COPD. In this case, the applicant does in fact carry a diagnosis of asthma for which ongoing usage of Advair is indicated. The attending provider has posited that the applicant's asthma symptoms have been largely stable with the current combination of Advair and albuterol. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Albuterol HFA #1 with 3 refills between 9/19/2013 and 2/15/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Asthma Working Group. VA/DoD clinical practice guideline for management of asthma in children and adults. Washington (DC): Department of Veteran Affairs, Department of Defense, 2009. 126p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physicians' Desk Reference (PDR), Albuterol Medication Guide.

**Decision rationale:** The MTUS does not address the topic of Albuterol. As noted in the Physicians' Desk Reference (PDR), Albuterol is indicated in the treatment of bronchospasm, exercise-induced bronchospasm, and/or asthma in both adults and children. In this case, the attending provider has posited that the applicant is using Albuterol once to twice daily, to combat intermittent respiratory symptoms as they arise. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Transportation between 9/19/2013 and 12/17/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (a).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibility, one of which includes keeping appointments. Thus, transportation to and from appointments, the service reportedly being stopped by the attending provider, has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.