

Case Number:	CM13-0065428		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2012
Decision Date:	05/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation 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 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 52-year-old female who reported an injury on 02/02/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, a home exercise program, a TENS unit, chiropractic care, multiple medications, and surgical intervention. The injured worker was evaluated by the requesting provider on 10/16/2013. It was documented that the injured worker complained of abdominal pain, bloating, constipation, heart burn at night, and nausea after taking medications. It was documented that the injured worker's current medications included Prilosec 20 mg, Gaviscon, Colace 100 mg, AppTrim-D, Theramine, Sentra a.m., and Sentra p.m. The injured worker's diagnoses included abdominal pain, constipation, fatty liver, and gastroesophageal reflux disease. The injured worker's treatment plan included endoscopy and colonoscopy, laboratory testing, weight loss dietary recommendations, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Drug Testing Page(s): 43.

Decision rationale: California Medical Treatment Utilization Schedule recommends regular urine drug screen testing for injured workers who have symptoms of illicit drug use or who are on chronic opioid therapy. The clinical documentation submitted for review does not indicate that the patient receives any opioids from the requesting physician. Additionally, the clinical documentation submitted for review from this physician did not document any symptoms of overuse or withdrawal to support the need for a urine drug screen. There are no indications that the injured worker is suspected of using illicit drugs. Additionally, the clinical documentation submitted for review does indicate that the injured worker underwent a urine drug screen in 05/2013 that was negative. Support for an additional urine drug screen was not provided. As such, the requested urine toxicology screen is not medically necessary or appropriate.

APTRIM-D #120, ONE BOTTLE FOR 1 MONTH: 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) Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food.

Decision rationale: California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there are nutritional deficits that would be appropriately treated with the requested medical food. The clinical documentation submitted for review does not provide any deficits that would require this medical food. Additionally, it is noted within the documentation that this medication is part of the injured worker's medication schedule. There is no documentation of functional benefit or symptom response to support continued use. As such, the requested Appttrim-D #120 is not medically necessary or appropriate.

THERAMINIE #90, 1 BOTTLE FOR 1 MONTH: 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) Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food.

Decision rationale: California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there are nutritional deficits that would be appropriately treated with the requested medical food. The clinical documentation submitted for review does not provide any deficits that would require this medical food. Additionally, it is noted within the documentation that this medication is part of the injured worker's medication schedule. There is no documentation of functional benefit or

symptom response to support continued use. As such, the requested Theramine #90 is not medically necessary or appropriate.

SENTRA AM #60, 1 BOTTLE FOR 1 MONTH: 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) Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food.

Decision rationale: California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there are nutritional deficits that would be appropriately treated with the requested medical food. The clinical documentation submitted for review does not provide any deficits that would require this medical food. Additionally, it is noted within the documentation that this medication is part of the injured worker's medication schedule. There is no documentation of functional benefit or symptom response to support continued use. As such, the requested Sentra AM #60 is not medically necessary or appropriate.

SENTRA PM #60, 1 BOTTLE FOR 1 MONTH: 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) Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines do not support the use of medical food unless there are nutritional deficits that would be appropriately treated with the requested medical food. The clinical documentation submitted for review does not provide any deficits that would require this medical food. Additionally, it is noted within the documentation that this medication is part of the injured worker's medication schedule. There is no documentation of functional benefit or symptom response to support continued use. As such, the requested Sentra PM #60 is not medically necessary or appropriate.