

Case Number:	CM13-0066049		
Date Assigned:	01/03/2014	Date of Injury:	01/07/1998
Decision Date:	03/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Geriatrics, and is licensed to practice in New York. 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. 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 56-year-old with diabetes, hyperlipidemia, gout, hypothyroidism, sleep apnea, anxiety and depression, rectal bleeding, fibromyalgia, status post bariatric surgery and hypertension and a date of injury of 1/7/98. The patient was seen by the primary treating physician on 10/25/13. The patient was monitoring her blood sugar at home using a glucometer daily and reports sugars in the 150-220 mg/dl range. The patient stopped taking her Lipitor for her hyperlipidemia as a therapist told her that it was causing her back muscles to atrophy and weaken. The patient reported headaches with blurred vision and dry mouth. The patient had sleep problems and denied using CPAP (continuous positive air pressure) for an 'unrecalled number of years'. The patient sleeps 3-5 hours per night and wakes up several times at night due to pain. Her blood pressure has been in the 150/75 range. The patient's review of systems included positive responses to abdominal pain, headaches, shortness of breath when climbing stairs, chronic global pain, poor sleep and gout flare ups. The patient ran out of her medications in June 2013. The patient's physical exam was significant for blood pressure of 146/90, pulse 68 and blood glucose of 248 mg/dl. The patient's lungs were clear and cardiovascular exam normal. The patient had tenderness and decreased range of motion in her cervical and lumbosacral spine. The patient's height was 5'1" and weight 203lbs. Several studies and medications were ordered after this evaluation which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A polysomnogram with CPAP (continuous positive air pressure) titration with multiple sleep latency test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Obstructive Sleep Apnea in Adults

Decision rationale: The Physician Reviewer's decision rationale: This injured worker has a history of sleep difficulties including falling asleep, pain at night and shortened sleep. She has a history of using CPAP but has not utilized for years. The American Academy of Sleep Medicine (AASM) recommends offering positive airway pressure therapy to all patients who have been diagnosed with obstructive sleep apnea. CPAP delivers positive airway pressure at a level that remains constant throughout the respiratory cycle. It is used most often because it is the simplest, the most extensively studied, and associated with the most clinical experience. The current MD note requests a polysomnogram and CPAP but does not explore in detail any respiratory or cardiac symptoms or attempts at treating other conditions like pain which are impacting her sleep. The request for a polysomnogram with CPAP titration with multiple sleep latency test is not medically necessary or appropriate.

2D echocardiogram with doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for Use of Echocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR, 2011, Appropriate Use Criteria for Echocardiography.

Decision rationale: The Physician Reviewer's decision rationale: This patient has cardiac risk factors including hypertension, hyperlipidemia and diabetes. The patient has had complaints of musculoskeletal pain involving back as well as anxiety. However, she has no cardiac symptoms other than shortness of breath when climbing stairs which could be related to poor exercise tolerance or obesity. According to the Appropriate Use Criteria for Echocardiography Guidelines, the patient has a low global CAD (coronary artery disease) risk based upon her age, sex and being asymptomatic of anginal symptoms. This is a 10-year absolute CAD risk of less than 6-10%. The request for a 2D echocardiogram with doppler is not medically necessary or appropriate.

Calcium Citrate 600 mg, 60 count: 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 National Osteoporosis Foundation Clinician's Guide to the Prevention and Treatment of Osteoporosis .

Decision rationale: The Physician Reviewer's decision rationale: Calcium citrate is a supplement. In this injured worker, the reason for prescription is not clearly articulated. According to the Osteoporosis guidelines for clinicians, The average daily dietary calcium intake in adults age 50 and older is 600 to 700 mg per day. Increasing dietary calcium is the first-line approach, but calcium supplements should be used when an adequate dietary intake cannot be achieved. The records do not document what her daily calcium intake is or why she requires supplementation. The request for Calcium Citrate 600 mg, 60 count, is not medically necessary or appropriate.

MVI soft gels, 30 count: 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 Vitamin Supplementation in Disease Prevention

Decision rationale: The Physician Reviewer's decision rationale: MVI is a supplement. In this injured worker, the reason for prescription is not clearly articulated. The patient has had a gastric bypass and she may be at risk of deficiency, so a MVI prescription may be reasonable. However, the records do not document this as the reason that she requires supplementation. The records also do not articulate details of oral intake or diet. Additionally, the US National Institutes of Health (NIH) consensus statement reports that there is insufficient evidence to recommend either for or against the use of multivitamins for chronic disease prevention. The request for MVI soft gels, 30 count, is not medically necessary or appropriate.

Lovaza, one month supply, four grams: 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 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: LOVAZA is omega-3 fatty acids sourced from fish oils which is used as an adjunct to diet therapy in the treatment of hypertriglyceridemia (≥ 500 mg/dL). The American College of Cardiology and the American Heart Association (ACC/AHA)'s clinical practice guideline for the treatment of blood cholesterol levels to reduce ASCVD (arteriosclerotic cardiovascular disease) risk in adults recommends

moderate- or high-intensity statin therapy for these 4 groups: Patients who have clinical ASCVD; patients with an LDL (low density lipoprotein) cholesterol level (LDL-C) of 190 mg/dL or higher; patients with type 1 or type 2 diabetes who are between 40 and 75 years of age and an LDL-C 70-189 mg/dL without ASCVD; and patients with an estimated 10-year risk of ASCVD 7.5% or higher (using the Pooled Cohort Equations) and an LDL-C 70-189 mg/dL who are between 40 and 75 years of age without clinical ASCVD or diabetes. A heart-healthy lifestyle to prevent and control high blood cholesterol is also stressed. The patient's lipid levels are not documented in the provider note nor are treatment goals. The discontinuation of the statin was done by the patient, not the physician. The request for Lovaza, one month supply, four grams, is not medically necessary or appropriate.

Hydroxyzine 25 mg, 45 count: 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): 3-4. Decision based on Non-MTUS Citation Uptodate, Hydroxyzine: drug information

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines do not comment on the use of hydroxyzine but does state that unremitting pain may be associated with depression and/or anxiety. According to [REDACTED], hydroxyzine is used in the treatment of anxiety/agitation (including adjunctive therapy in alcoholism), as an adjunct to pre- and postoperative analgesia and anesthesia, as an antipruritic and as an antiemetic. The records diagnosed the worker with fibromyalgia and depression with anxiety but do not provide medical justification for the prescription of hydroxyzine versus an anti-depressant. The request for Hydroxyzine 25 mg, 45 count, is not medically necessary or appropriate.

Diabetic test strips, lancets, and alcohol swabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Blood glucose self-monitoring in management of adults with diabetes mellitus.

Decision rationale: The Physician Reviewer's decision rationale: This patient has a glucometer at home to self-test her blood sugars. The patient's sugars have been in the 100s to 200s range. The frequency of blood glucose monitoring in patients with type 2 diabetes, is dependent on the glycemic targets set and the treatments used. Blood glucose monitoring may not be necessary or less frequent monitoring may be appropriate for patients with type 2 diabetes who are not taking medications associated with hypoglycemia. The records do not document target glycemic control nor discuss frequency of monitoring required. The request for diabetic test strips, lancets, and alcohol swabs is not medically necessary or appropriate.

Blood glucose monitor (computerized): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy on Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Blood glucose self-monitoring in management of adults with diabetes mellitus

Decision rationale: The Physician Reviewer's decision rationale: This patient already has a working glucometer at home to self-test her blood sugars. The patient's sugars have been in the 100s to 200s range. The frequency of blood glucose monitoring in patients with type 2 diabetes, is dependent on the glycemic targets set and the treatments used. Blood glucose monitoring may not be necessary or less frequent monitoring may be appropriate for patients with type 2 diabetes who are not taking medications associated with hypoglycemia. The records do not document target glycemic control nor discuss frequency of monitoring required. The request for blood glucose monitor (computerized) is not medically necessary or appropriate.

A blood pressure monitor (computerized): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy on Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

Decision rationale: The Physician Reviewer's decision rationale: This patient has blood pressures monitored with multiple physician visits on multiple occasions. The patient's blood pressure is under fair control after her medications had run out for months. The records do not document target blood pressure control nor discuss frequency of monitoring required or why home monitoring is needed. The request for blood pressure monitor (computerized) is not medically necessary or appropriate.