

Case Number:	CM13-0068851		
Date Assigned:	01/03/2014	Date of Injury:	01/24/2008
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 patient is a 62-year-old male who reported an injury on 01/24/2008. The mechanism of injury is not specifically stated. The patient is currently diagnosed with gastro-esophageal reflux disease, irritable bowel syndrome, hypertension, mixed hyperlipidemia, and vitamin D deficiency. The patient was seen on 10/18/2013. The patient reported abdominal pain with uncontrolled hypertension. Physical examination revealed a blood pressure of 156/81, clear lung sounds, a regular heart rate, and 1+ tenderness to palpation over the left lower quadrant. Treatment recommendations included a urine toxicology screen and fasting labs. Additionally, treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening performed 10/18/13: 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, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use of presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 5 years ago to date, and there is no indication of noncompliance or misuse of medication. The medical necessity for the requested screening has not been established. Therefore, the request is non-certified.

Prescription of Ranitidine 150 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. It is noted that the patient maintains a diagnosis of gastro-esophageal reflux disease secondary to NSAIDs. However, there is no documentation of this patient's current utilization of NSAID medication. Additionally, the patient currently utilizes Prilosec 20 mg daily. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Prescription of TriCor 145 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/trocpr-drug.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014. www.nlm.nih.gov

Decision rationale: TriCor is used with a low fat diet, exercise, and other medication to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood, and to increase the amount of HDL. There is no documentation of this patient's active participation in an exercise program or current utilization of a low fat diet. Documentation of the laboratory screening performed on the requesting date was not provided. Therefore, there is no indication of an improvement, despite ongoing use of this medication. Based on the clinical information received, the request is non-certified.

Prescription of Sentra AM #60 for 3 months: 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)

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

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Prescription of Sentra PM #60 for one 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)

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

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Prescription of Theramine #90, 3 bottles: 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).

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

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Prescription of Lovaza one month supply with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Omega-3 EFAs, and Cod Liver Oil.

Decision rationale: Official Disability Guidelines state cod liver oil is recommended for arthritis. The patient does not maintain a diagnosis of arthritis. Therefore, the medical necessity for the requested medication has not been established. As such, the request is non-certified.

Prescription of Hypertensa #30 for 3 months: 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).

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

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.