

Case Number:	CM13-0071406		
Date Assigned:	01/10/2014	Date of Injury:	05/07/2010
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/27/2013

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 and Rehabilitation 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 43 year old female who reported an injury on 05/07/2010. The injury was caused when a cart broke and fell over on the injured worker. Diagnoses for the injured worker include displacement of the thoracic or lumbar intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, degeneration of the thoracic or thoracolumbar intervertebral disc, other symptoms referable to the back, sprains and strains of other unspecified parts of the back, and sprain of the neck. Per the clinical note dated 11/08/2013 the injured worker had an MRI of the lumbar spine on 10/25/2012 the injured worker had mild to moderate foraminal narrowing to the right L4-L5 area and moderate to severe foraminal narrowing to the right L5-S1 area. Per the clinical noted dated 11/11/2013 the injured worker reported neck pain with headaches daily with pain rated at 8-9/10, the injured worker denied taking any medication for the headaches. The injured worker reported epi-gastric pain causing dull, gnawing pain at 5/10 due to pain medications and is taking omeprazole 20mg once a day for this. The injured worker also reported urine leakage when she coughs or sneezes. The injured worker denies history of hypertension. The request for authorization for medical treatment was dated 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB PATHOLOGY CONSULTATION, LABS (H. PYLORI STOOL, AG, UA, GONORRHEA AND CHLAMYDIA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin.

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: Nation Institute Of Allergy & Infectious Diseases.

Decision rationale: The NIAID states the symptoms of Gonorrhea may include, bleeding associated with vaginal intercourse, painful or burning sensations when urinating yellow or bloody vaginal discharge. More advanced symptoms, which may indicate development of pelvic inflammatory disease (PID), include cramps and pain, bleeding between menstrual periods, vomiting, or fever. Chlamydia is often known as the "silent" disease because about 70 percent of chlamydial infections have no symptoms. Symptoms usually appear within 1 to 3 weeks after you are infected. Those who do have symptoms may have an abnormal discharge (mucus or pus) from the vagina or experience pain while urinating. These early symptoms may be very mild. The bacterial infection may move inside your body if it is not treated, bacteria can infect the cervix and urinary tract. If the bacteria move into the fallopian tubes, they can cause Pelvic Inflammatory Disease (PID). The CA MTUS and ACOEM do not address H.Pylori, however, the injured worker reported a new onset of dyspepsia as a side effect related to the use of pain medication. The injured worker did not exhibit any signs or symptoms of Gonorrhea or Chlamydia and there were no subjective or objective findings to suggest the presence of these diseases. Therefore the request for complaints lab pathology consultation, labs (H. Pylori Stool, AG, UA, Gonorrhea and Chlamydia) is not medically necessary and appropriate.

GENERIC PROPRANOLOL 10 MG #60 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: Per the Official Disability guidelines Propranolol is a Beta Blocker used to treat high blood pressure, abnormal heart rhythms, and heart disease. It is also used to prevent angina (chest Final Determination Letter for IMR Case Number CM13-0071406 4 pain). Propranolol is also used to improve survival after a heart attack. Propranolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure. The injured worker reported no hypertension or any of the above conditions. Therefore, the request for Propranolol 10mg #60 times 1 refill is not medically necessary and appropriate.

GI CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTRODUCTION, , 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTRODUCTION, , 1.

Decision rationale: Per the CA MTUS guidelines if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker had reported the dyspepsia was a new onset side effect related to the pain medication. A GI consult would be premature at this time. Therefore, the request for a GI consultation is not medically necessary and appropriate.