

<b>Case Number:</b>	CM14-0006170		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Emergency 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:

This patient is a 52-year-old with a date of injury of 08/11/03. A progress report associated with the request for services, dated 12/03/13, identified subjective complaints of improving headaches but no change in vertigo. Blood pressure was reported as controlled. Objective findings included a blood pressure of 121/78. There was a slow affect and speech. No other physical abnormalities were noted. There was no neurological exam. Diagnoses included hypertension; vertigo due to hypertension versus benign positional vertigo; cephalgia; sleep disorder; previous cerebrovascular accident, chest pain and hypercholesterolemia. Treatment has included antihypertensive and over-the-counter agents. A Utilization Review determination was rendered on 12/30/13 recommending non-certification of "1 prescription of Sentra am #60; 1 prescription of Ventra pm #60; 1 fasting labs; 1 2d echocardiogram with doppler; 1 carotid ultrasound; 1 kidney ultrasound; and 1 neurological consultation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Sentra AM #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** Sentra AM is a nutritional supplement containing the active ingredients: choline bitartate; glutamic acid; acetyl L-carnitine; and ginkgo biloba as well as a variety of herbals. It is advertised as a medical food for generalized fatigue, fibromyalgia, and cognitive impairment. The Medical treatment Utilization Schedule (MTUS) does not address Sentra AM. The Official Disability Guidelines (ODG) state that medical foods are recommended for specific dietary management of a disease for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Specifically, choline is only recommended for replacement. There is inconclusive evidence that the product is indicated for memory, seizures, or transient ischemic attacks. Glutamate is used for hypochlorhydria and achlorhydria. In this case, the record does not document conditions requiring this medical food nor is there conclusive evidence for the value of the combined ingredients. Therefore, the request for Sentra AM is not medically necessary and appropriate.

**1 prescription of Sentra PM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** Sentra PM is a nutritional supplement containing the active ingredients: choline bitartate; glutamic acid; acetyl L-carnitine; 5-hydroxytryptophan; and ginkgo biloba as well as a variety of herbals. It is advertised as a medical food for sleep disorders associated with depression. The Medical treatment Utilization Schedule (MTUS) does not address Sentra PM. The Official Disability Guidelines (ODG) state that medical foods are recommended for specific dietary management of a disease for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Specifically, choline is only recommended for replacement. There is inconclusive evidence that the product is indicated for memory, seizures, or transient ischemic attacks. Glutamate is used for hypochlorhydria and achlorhydria. 5-hydroxytryptophan is possibly effective for anxiety disorders, depression, and fibromyalgia. It has been linked to a contaminant that causes eosinophilia-myalgia syndrome. Therefore, the request for Sentra pm # 60 is not medically necessary and appropriate.

**1 fasting labs:** 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 UpToDate: Hypertension.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address screening laboratory studies. Based on the medical records provided for review, the claimant is on antihypertensive therapy. References suggest that the only laboratory tests that should be routinely performed include a hematocrit, urinalysis, routine blood chemistries, and estimated glomerular filtration rate. In this case, the type of laboratory studies were not identified. "fasting labs" is nonspecific and can include a variety of studies not recommended. Therefore, the request for fasting labs is not medically necessary and appropriate.

### **One 2D echocardiogram with doppler: 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 UpToDate: Echocardiography; Hypertension.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address echocardiography. Based on the medical records provided for review, the claimant has underlying hypertension as well as periodic chest pain. References note that transthoracic echocardiography has a limited role in the screening of patients with acute chest pain. There is no recommendation for screening echocardiography without other findings to suggest a cardiac abnormality. In the setting of hypertension, references suggest that echocardiography is indicated for patients with borderline hypertension to help rule-out the need for treatment. Additionally, doppler echocardiography is primarily used to evaluate patients with underlying valvular heart disease. In this case, there was no indication of such on the claimant's physical examination. Additionally, there was no documented indication for an echocardiogram. Therefore, the request for 2D echocardiogram with doppler is not medically necessary and appropriate.

### **1 carotid ultrasound: Overturned**

**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 UpToDate: Screening for Asymptomatic Carotid Artery Stenosis.

**Decision rationale:** Carotid ultrasounds are for detecting carotid stenosis. The Medical Treatment Utilization Schedule (MTUS) does not address carotid ultrasounds. References state that routine screening for carotid stenosis is not recommended in asymptomatic patients. Carotid ultrasound is useful in patients that have neurological symptoms compatible with carotid disease. These include focal weakness or numbness, dysarthria, or aphasia. Non-specific symptoms such as dizziness or weakness are not indications for an ultrasound. In this case, it is stated that the claimant has had a previous stroke. Signs and symptoms are compatible with possible carotid stenosis. The medical records do document a previous stroke and the residuals are compatible

with carotid artery stenosis. Additionally, there is no record of a previous study. Therefore, the request for carotid ultrasound is medically necessary and appropriate.

**1 kidney ultrasound:** 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 UpToDate: Hypertension.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address renal ultrasounds. References suggest that renovascular hypertension occurs in less than 1% of patients with mild hypertension. Additional testing is indicated only in patients in whom there are suggestive clinical clues for renovascular disease. It is noted that testing should not be performed in patients with a low likelihood of having significant renovascular disease or respond well to medical therapy. In this case, the claimant clinically has a low likelihood for renovascular hypotension based upon the above criteria and documentation in the record. Therefore, the request for a kidney ultrasound is not medically necessary and appropriate.

**1 neurological consultation:** Overturned

**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 Pain Interventions and Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines (ODG) state, "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. The referral to neurology was because of ongoing headaches and vertigo. The non-certification was based on lack of documentation specifically related to a neurological consultation. In this case, the RFA does document the reason for the request and therefore there is documented medical necessity for a neurological consultation. The request for a neurological consultation is medically necessary and appropriate