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| <b>Case Number:</b>   | CM14-0100743 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 10/24/2008 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 06/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 35 year-old male was reportedly injured on 10/24/2008. The mechanism of injury is not listed. Claimant underwent left shoulder acromioplasty in 2011, and an anterior cervical discectomy and fusion on 11/5/2013. The most recent progress notes dated 4/22/2014 and 5/12/2014 indicate that there are ongoing complaints of neck and right shoulder pain. Physical examination demonstrated tenderness over paracervical muscles bilaterally and rotator cuff on the right; spasm of trapezium muscles bilaterally; Jamar Dynamometer grip strength: right 32/32/30, left 40/42/42 kg; decreased cervical spine and right shoulder range motion; positive right Spurling's test; positive foraminal compression and shoulder decompression tests bilaterally; positive Impingement, Neer 's, Empty Can-Supraspinatus Tests on the right; reflexes 2+/4 in upper extremities; motor strength: right shoulder abductors and flexors 5 -/5, otherwise 5/5 strength in upper extremity bilaterally. EMG/NCV study dated 11/5/2012 reveals evidence of right-sided carpal tunnel syndrome; bilateral cubital tunnel syndrome; and bilateral C5/6 radiculopathy. Previous treatment includes physical therapy, home exercise program and medications to include Wellbutrin, Ativan, Lunesta, Atarax, Cialis, Flexeril and Norco. A request had been made for retrospective requests for: Glipizide 10mg, qty 90, Dexilant 60mg, qty 45, Probiotics, qty 90 and Ophthalmology consult (DOS 04/08/14), which were not certified in the utilization review on 6/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Glipizide 10mg, qty 90, dos 04/08/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Diabetes Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Diabetes (Type I, 2, and Gestational) - Glipizide (updated 07/28/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this medication. ODG does not recommend Glipizide as a first-line choice for the treatment of diabetes mellitus. Review of the available medical records, documents at the claimant is currently on metformin; however, fails to document an A1C laboratory test. There is no documentation regarding how diabetes mellitus is related to a work-related injury in 2008. The guidelines do not support this request; therefore, the request for Retrospective Request for Glipizide 10mg, qty 90, dos 04/08/14 is not medically necessary.

**Retrospective request for Dexilant 60mg, qty 45, dos 04/08/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary (updated 05/15/14).

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records fail to document use of nonsteroidal anti-inflammatories, or any signs or symptoms of GI distress which would require PPI treatment. As such, the request for Retrospective Request for Dexilant 60mg, qty 45, dos 04/08/14 is not considered medically necessary.

**Retrospective request for Probiotics, qty 90 dos 04/08/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, National Center for Complimentary and Alternative Medicine (NCCAM) (updated 01/04/12), <http://nccam.nih.gov/health/probiotics>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures; Medications; Vitamins Page(s): electronically sited. Decision based on Non-MTUS Citation nccam.nih.gov: probiotics.

**Decision rationale:** MTUS, ACOEM practice guidelines and the ODG do not specifically address Probiotics. The NCCAM (National Center of Complementary and Alternative Medicine) defined probiotics as live microorganisms found naturally in the human body and may be beneficial to health. Probiotics are referred to as "good bacteria". The FDA has not approved any health claims for Probiotics, and is considered a dietary supplement. The ACOEM practice guidelines recommend against the use of dietary supplements for the treatment of chronic pain. As there is no evidence based medicine provided to justify the request for Retrospective Request for Probiotics, qty 90 dos 04/08/14, it is not medically necessary.

**Retrospective request for Ophthalmology consult, dos 04/08/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation Eye Procedure Summary (updated 02/17/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** ACOEM guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records, documents the practitioner's inability to visualize the fundus upon eye examination and a progress note dated 2/14/2014, but fails to document any red flags or neurological deficits to warrant consultation. As such, this request for Retrospective Request for Ophthalmology Consult dos 04/08/14 is not medically necessary.