

Case Number:	CM14-0015736		
Date Assigned:	03/03/2014	Date of Injury:	10/23/2002
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal 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:

The injured worker is a 62-year-old female who reported an injury on 10/23/2002 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/11/2013 for reports of improving acid reflux, stable hypertension, worsening blurred vision, no change in irritable bowel syndrome, constipation, and headache. The physical examination was unremarkable. The diagnoses included gastro esophageal reflux disease, irritable bowel syndrome, hypertension, hyperlipidemia, and opioid induced constipation. The treatment plan included laboratory tests, carotid ultrasound, medication therapy, and an ophthalmology consultation. The Request for Authorizations dated 12/11/2013 was found in the documentation provided. The rationales for the requests were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAROTID ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

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: National Heart, Lung and blood Institute, Carotid Ultrasound, online database.

Decision rationale: The request for a carotid ultrasound is not medically necessary. The National Heart, Lung, and Blood Institute's online database indicates carotid ultrasounds should be used to show evidence of carotid artery disease by showing the structure of the arteries and the evidence of plaque build up. There is a significant lack of clinical evidence of suspected carotid artery disease, and a lack of rationale for the reasoning of the request. Therefore, based on the documentation provided, the request is not medically necessary.

SENTRA AM #30 3 BOTTLES, DISPENSED ON 12/11/2013: 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) Pain, Medical Foods

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: The request for Sentra am #30, 3 bottles, dispensed on 12/11/2013, is not medically necessary. The Official Disability Guidelines state medical foods are a "food which is formulated to be consumed or administered enterally 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." To be considered, the product must be a food for oral or tube feeding; be labeled for dietary management of the specific medical disorder, disease or condition for which there are distinctive nutritional requirements; be used under medical supervision. Sentra AM contains choline. The guidelines further state there is no known medical need for choline supplements except for the case of long term parenteral nutrition or for individuals with choline deficiencies secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is a significant lack of clinical evidence of liver deficiency or the injured worker being on long term parenteral nutrition. Therefore, based on the documentation provided, the request is not medically necessary.

TREPADONE #90 3 BOTTLES, DISPENSED ON 12/11/2013: 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) Pain, Medical Foods

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: The request for Trepadone #90, 3 bottles, dispensed on 12/11/2013, is non-certified. The Official Disability Guidelines state medical foods are a "food which is formulated

to be consumed or administered enterally 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." To be considered, the product must be a food for oral or tube feeding; be labeled for dietary management of the specific medical disorder, disease or condition for which there are distinctive nutritional requirements; be used under medical supervision. Trepadone contains l-serine. The guidelines state there is no approved indication for the use of this supplement. Therefore, based on the documentation provided, the request is non-certified.

BENTYL 20MG #20 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

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: RxList.com, online database.

Decision rationale: The request for Bentyl 20 mg #20 with 2 refills for is not medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address Bentyl specifically. The online database RxList does state the Bentyl is indicated for the treatment of patients with functional bowel/irritable bowel syndrome. The database further states if efficacy is not achieved within 2 weeks, it should be discontinued. The injured worker has been prescribed Bentyl since at least 04/16/2013. However, the injured worker indicated there was no change in her irritable bowel syndrome and constipation has become more frequent. Therefore, based on the documentation provided, the request is not medically necessary.