

Case Number:	CM14-0017493		
Date Assigned:	04/14/2014	Date of Injury:	02/03/2012
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 New York. 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 has a date of injury of 2/3/12. She was seen by her secondary treating physician on 12/18/13 and was status post lumbar epidural injection two days prior. Her blood pressure and heart rate were normal as were her abdominal, cardiovascular and chest exams. Her diagnoses were abdominal pain, constipation secondary to pain medication use, hypertension, hyperlipidemia, palpitations, shortness of breath occasional, sleep disorder and history of atrial fibrillation events. A urine toxicology screen and EKG were performed during the visit and are at issue in this review. Also at issue in this review are the prescriptions for ambien (zolpidem), amitiza, sentra am and sentra pm. The EKG was said to be remarkable for occasional ventricular premature complexes and nonspecific T wave abnormalities. A urine toxicology screen in 11/13 showed zolpidem and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- SCREENING FOR RISK OF ADDICTION (TESTS).

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

Decision rationale: This injured worker has a history of chronic pain since 2012. She has had various medications: narcotics and zolpidem. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrocardiogram Ecg; Ekg, Why The Test Is Performed- <http://www.ncbi.nlm.nih.gov/pubmedhealth/pmh0004319/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Estimation Of Cardiac Risk Prior To Noncardiac Surgery.

Decision rationale: This injured worker has a history of hypertension and occasional atrial fibrillation events documented in the records. Her physical exam is unremarkable and shows regular rate and rhythm. There are no cardiac symptoms reported in the notes. In this injured worker with no active cardiac symptoms and normal cardiovascular and respiratory exam, EKG testing would not be medically indicated.

ZOLPIDEM (AMBIEN): 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 Chapter- Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem Drug Information And Treatment Of Insomnia.

Decision rationale: Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. There is no documentation of a discussion of efficacy or side effects. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for Ambien.

AMITIZA: 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 Chapter- Opioid Induced Constipation Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amitiza Drug Information And Treatment Of Chronic Constipation In Adults.

Decision rationale: Amitiza is used in the treatment of chronic idiopathic constipation; treatment of opioid-induced constipation with chronic non-cancer pain and treatment of irritable bowel syndrome with constipation in adult women. This injured worker has a history of constipation related to opioid medications. However, the medical history and physical exam do not document any issue with constipation to justify medical necessity for amitiza over more conventional bowel medication.

SENTRA AM: 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 Chapter Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://nutrientpharmacology.com/sentra_am.html and <http://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/medicalfoods/>.

Decision rationale: Sentra AM is a medical designed to increase and maintain the production of acetylcholine by peripheral neurons and brain cells. This injured worker has no history documented of cognitive dysfunction. Additionally, the term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) 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 records do not substantiate improvement with medications or why a medical food is being used instead of or in addition to traditional medications. The medical necessity for Sentra AM is not documented.

SENTRA PM: 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 Chapter Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Of Insomnia.

Decision rationale: Sentra PM is a medication food. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. Additionally, the term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) 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 records do not substantiate improvement with medications or why a medical food is being used instead of or in addition to traditional medications. The documentation does not support the medical necessity for Sentra PM.

CONSULTATION WITH AN OPHTHALMOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) For Independent Medical Examinations And Consultations Regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report Of The Joint National Committee On Prevention, Detection, Evaluation, and Treatment Of High Blood Pressure <http://www.nhlbi.nih.gov/guidelines/hypertension/expres>.

Decision rationale: This injured worker had a normal exam and no documented ophthalmic / vision symptoms or vision loss documented. Per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure do not recommend the need for ophthalmologic screening. The physician visit does not substantiate this clinical reasoning or justify why this is required. The medical necessity of consultation with an ophthalmologist is not substantiated in the records.