

<b>Case Number:</b>	CM14-0151873		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Washington & Virginia. 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 is a 62 year old patient who sustained injury on Apr 20 2008. She was diagnosed with lumbar spine disease, right shoulder internal derangement, insomnia, left shoulder internal derangement, and headache. She underwent lumbar interbody fusion on Aug 31 2011 and a revision fusion on Jan 7 2013. She also had lumbar nerve root blocks, physical therapy, cortisone injections, and pain management. She underwent removal of existing displaced grafts on Jan 7 2013. ██████████ saw the patient on Dec 18 2013 for abdominal cramping; he ordered urine drug testing. Urine drug testing was performed on Feb 7 2014 and Apr 4 2014. ██████████ saw the patient on Aug 14 2014 for abdominal cramping. She had a urine drug test and was prescribed Sentra am, Sentra pm, Citrucel, Miralax, Lovaza, Crestor, and ferrous sulfate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine toxicology screen test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, and Substance abuse (tol. Decision based on Non-MTUS Citation University of Michigan Health system Guidelines for clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing controlled Substances (May 2009), pg 33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug Page(s): 88-89, 93-94.

**Decision rationale:** As per MTUS guidelines, Urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. Based on the clinical documentation provided, urine drug testing would not be indicated as patient was not taking a controlled substance which would warrant the monitoring, as indicated above with the cited guidelines. Therefore the request is not medically necessary.

**1 prescription for Feso #80 325mg: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/ida/treatment.html>

**Decision rationale:** There are no MTUS or ODG guidelines to address iron supplementation. The patient had no evidence of iron deficiency anemia and this medication would not be indicated. Therefore the request is not medically necessary.

**Sentra PM #60 (three bottles): Overturned**

**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 Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3619436/>

**Decision rationale:** There are no MTUS or ODG guidelines to address this medication. Sentra PM affects cholinergic and serotonergic pathways and shortened the time to fall asleep and improved sleep quality without morning grogginess. Sentra PM reduced depression and feelings

of anxiety. The patient was noted to have issues with insomnia and this medication would be indicated. Therefore the request is medically necessary.

**Sentra AM #60 (three bottles):** Overturned

**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 Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3619436/>

**Decision rationale:** There are no MTUS or ODG guidelines to address this medication. Sentra AM is a medical food used to manage fatigue and deficiencies associated with memory and concentration. Sentra AM provides the nutrients required by the brain to reduce fatigue. Sentra AM is used as part of a program to manage acute and chronic fatigue and is designed to improve mental awareness. The patient was noted to have issues with memory and this medication would be indicated. Therefore the request is medically necessary.