

Case Number:	CM14-0169689		
Date Assigned:	10/17/2014	Date of Injury:	12/26/2002
Decision Date:	11/20/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in New Jersey and 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 is a 59 year-old male who suffered a lower back injury and "respiratory, lung, trachea" injury on 12/28/02 due to "repetitive exposure to chemicals and dust". He had a L5-S1 fusion and subsequent removal of hardware. He had difficulty sleeping, intermittent bloody stools, vomiting, acid reflux, abdominal pain, constipation, intermittent shortness of breath, coughing with phlegm production, wheezing, chest pain and palpitations. He was diagnosed with post laminotomy pain syndrome, L5-S1 spondylolisthesis, chronic left lumbar radiculitis, asthma, depression, anxiety, abdominal pain, acid reflux, constipation, chest pain and shortness of breath rule out causes due cardiac vs. gastrointestinal vs. pulmonary vs. anxiety and stage 1 hypertension. On exam, he had normal heart and lung findings, soft abdomen, and normal extremities. He had a negative chest x-ray. He had an EKG and ICG but reports were not included in the chart. His medications included Norco, Senna, Advair, Venlafaxine, and Trazodone. He was treated previously with inhalers for "asthma". He was given Senna for constipation which helped and Nexium for gastrointestinal complaints which offered some relief. He had physical therapy for his back. The current request is for a retrospective 2D echo, Sentra am and pm, and bentlyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2D Echo (DOS 09/10/2014): 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 ACC/AHA Guidelines for the Clinical Application of Echocardiography

Decision rationale: The request for a retrospective 2D echo is not medically necessary. There are no MTUS guidelines for ordering an echocardiogram. The patient had a respiratory injury due to chemicals and dust. He developed shortness of breath, coughing fits with phlegm production. He described chest pain and palpitations as well as anxiety, abdominal pain, acid reflux, bloody stools. The cause of the chest pain could be cardiac, pulmonary, gastrointestinal, or due to anxiety. He had a negative chest x-ray and was undergoing GI evaluation. The patient had an EKG and ICG but the reports were not included in this chart. It is unclear if the results indicated a need for further cardiac imaging. Additional information is needed before making a decision for echocardiogram. Therefore, the request is considered not medically necessary at this time.

Sentra AM #60,: 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 FDA section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) Official Disability Guidelines (ODG) Pain Medical Food

Decision rationale: Sentra AM is a medical food used to treat fatigue, memory disorders, and vascular dementia. The ingredients include choline and acetylcarnitine. There are no MTUS guidelines for Sentra. The FDA defines medical food in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "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, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Sentra AM does not meet the requirement for medical food as stated by the FDA. There is no documented nutritional deficiency for which a medical food is required. For the patient, there was mention of sleep disturbance but no documentation of sleep hygiene discussion. He was depressed and on Venlafaxine but it was unclear if this had any effect or if other medications were used. Therefore, Sentra AM is not considered medically necessary.

Sentra PM #60: 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 FDA section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) Official Disability Guidelines (ODG) Pain Medical food

Decision rationale: Sentra PM is a medical food that is used for sleep disorders associated with depression. The ingredients include neurotransmitter precursors (choline bitartrate, glutamate, and 5-hydroxytryptophan); polyphenolic antioxidants (hawthorn berry, cocoa); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (acetyl-L-carnitine, glutamate, cocoa powder); and an adenosine antagonist (cocoa powder). There are no MTUS guidelines for Sentra. The FDA defines medical food in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "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, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Sentra PM does not meet the requirement for medical food as stated by the FDA. There is no documented nutritional deficiency for which a medical food is required. For the patient, there was mention of sleep disturbance but no documentation of sleep hygiene discussion. He was depressed and on Venlafaxine but it was unclear if this had any effect or if other medications were used. Therefore, Sentra PM is not considered medically necessary.

Bentyl 10mg: 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 www.uptodate.com Dicyclomine

Decision rationale: The request for Bentyl is not medically necessary. MTUS guidelines do not address the use of Bentyl. Bentyl is an anticholinergic used to treat irritable bowel syndrome. The patient has not been diagnosed with IBS. He requires a full GI work-up to evaluate the rectal bleeding, abdominal pain, vomiting and constipation. It is unclear if the GI symptoms are related to the worker's compensation injury. Because of these reasons, Bentyl is considered not medically necessary.