

Case Number:	CM14-0170167		
Date Assigned:	10/20/2014	Date of Injury:	04/28/2004
Decision Date:	11/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for carpal tunnel syndrome, wrist pain, hand pain, weight gain, snoring, sleep disturbance, and temporomandibular joint disorder reportedly associated with an industrial injury of April 27, 2014. In a Utilization Review Report dated September 23, 2014, the claims administrator denied an H-pylori breath test, denied an abdominal ultrasound, approved Januvia, denied Therapentin, and denied several topical compounded agents. The applicant's attorney subsequently appealed. An H-pylori breath test of August 31, 2014 was deemed positive. In an August 20, 2014, progress note, the applicant presented to follow up on issues associated with diabetes, hypertension, dyslipidemia, reflux, sleep disturbance and weight gain. The applicant was on hydrochlorothiazide, Lopressor, Zestril, Citrucel, Lovaza, Zocor, metformin, glipizide, aspirin, and Appformin. The applicant was given new prescriptions for Citrucel, Januvia, Therapentin, a flurbiprofen-containing topical compound and a gabapentin-containing topical compound. The applicant's work status was not furnished. The attending provider acknowledged the earlier positive H. pylori test result, but nevertheless went on to repeat test and also ordered an abdominal ultrasound without specifying for what purpose the ultrasound in question was being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

One H. Pylori breath test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), Dyspepsia, A National Clinical Guidelines, Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2003 March, page 27, 114 references

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastrointestinal Disease: An Endoscopic Approach, edited by Anthony Dimarino and Stanley Benjamin, Chapter 24, page 394: "Breath testing is especially useful for documenting cure of H. pylori gastritis after antibiotic therapy."

Decision rationale: The MTUS does not address the topic. While the textbook Gastrointestinal Disease: An Endoscopic Approach does acknowledge in Chapter 24, page 394, that "breath testing is especially useful for documenting cure of H. pylori gastritis after antibiotic therapy," in this case, however, it was not clearly stated that the applicant had had prior antibiotic therapy for H. pylori. It was not clearly stated for what purpose the repeat breath testing was being performed here. The attending provider did not state how the repeat H. pylori breath testing would influence or alter the treatment plan, a few weeks after earlier positive testing of July 31, 2014. Therefore, the request is not medically necessary.

One abdominal ultrasound: 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 American Institute of Ultrasound in Medicine (AIUM), Practice Guidelines for the Performance of Ultrasound Examination of the Abdomen and/or Retroperitoneum.

Decision rationale: The MTUS does not address the topic. While the American Institute of Ultrasound in Medicine (AIUM) notes that indications for performance for ultrasound testing of the abdomen include evaluation of abdominal pain, flank pain, back pain, the evaluation of palpable abdominal masses, organomegaly, abnormal laboratory testing, evaluation of neoplasms, evaluation of abdominal trauma, etc. AIUM qualifies its recommendation by noting that such testing should be performed only when there is a valid medical reason. In this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not stated how the proposed abdominal ultrasound would influence the treatment plan. Therefore, the request is not medically necessary.

Therapentin-60 (Theramine #60/Gabapentin 300 mg, #60), two packs with two refills:
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 (Chronis) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Alternative Treatments

Decision rationale: The MTUS does not address the topic of dietary supplements such as Theramine. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain, as they have no demonstrated benefits or favorable outcomes in the treatment of the same. The attending provider did not proffer any compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on Theramine. Since one article in the compound is not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.

Topical Flurbiprofen 20%/Tramadol 20%, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction of the flurbiprofen-tramadol compound at issue. Therefore, the request is not medically necessary.

Topical Gabapentin 10%/Amitriptyline 10%/Dexamethasone 10%, 210 grams s: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.