

Case Number:	CM14-0181565		
Date Assigned:	11/07/2014	Date of Injury:	04/07/2009
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 (IW) is a 51-year-old man with a date of injury of April 7, 2009. The mechanism of injury is not documented. The carrier has accepted physical/mental, and internal organs. [REDACTED] employed the IW from 1989 to January 2008 as a claims adjuster. He was employed by [REDACTED] as a Return to Work Coordinator from February 2008 to April 2009 when his position was terminated. He returned to [REDACTED] in May of 2009 in his previous position as a claims adjuster. Documentation in the medical record indicates that the diagnosis of diabetes and hypertension were pre-existing prior to his employment. The provider does not provide documentation in the medical record how the current diagnoses are related to a work related injury. The current diagnoses are: Insulin dependent diabetes mellitus; hypertension with left ventricular hypertrophy and left atrial enlargement; hyperlipidemia; hypertension retinopathy; diabetes mellitus retinopathy; shortness of breath; chronic renal failure; mild mitral valve regurgitation; trivial tricuspid valve regurgitation; anxiety; depression; abdominal pain; gastritis; internal hemorrhoids; irritable bowel syndrome; obstructive sleep apnea; and chest pain. Treatment has included medications, diagnostics, and medical office visits. In the most recent progress note dated September 3, 2014, the IW complains of worse anxiety. He reports gastroesophageal reflux symptoms are mostly controlled with medications. He notes no changes in his vision. He notes ongoing shortness of breath with chest pain. He reports no changes in his sleep quality. He denies constipation but reports diarrhea is worse. He notes no change in his abdominal pain and dysphagia. He is currently on dialysis. He states that he was recently hospitalized secondary to shortness of breath and congestive heart failure. His home blood pressure average is in the 170s/70-110 mmHg per IW. Additionally, the injured worker's history is remarkable for hernia surgery, and strokes times 2. He is presently being treated at [REDACTED] including dialysis three times per week. On

exam, the IW had a blood pressure of 160/96. His non-fasting blood glucose is 139mg/dL. The chest and lungs are clear to auscultation. There were no rales or wheezes appreciated. There is an irregular heart rhythm on auscultation. Current medications include Novolin N, Novolin R, Dexilant 60mg, Lovaza 4g, Tricor 45mg, Crestor 80mg, Diovan 160mg, Nephrovite, Benicar 20mg, Ativan 1mg (during dialysis), Sotolol, Plavix 75mg, and diabetic supplies including test strips, lancets, alcohol swabs, and syringes. The provider is requesting labs (GI, DM and HTN profiles), urine toxicology screen, Lexiscan Stress Test, Cardio Respiratory testing, Lovaza 4g, Ativan and Nephrovite refill. The last urine drug screen was dated March of 2014. Results indicate that the IW is compliant with Ativan, which is the only prescribed narcotic that this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovaza 4g #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Medical foods Other Medical Treatment Guideline or Medical Evidence:
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607065.html>

Decision rationale: Pursuant to the Official Disability Guidelines and Medline plus, Lovaza 4 g #30 is not medically necessary. Lovaza is an omega-3 acid. This drug is used together with lifestyle changes to reduce the amount of triglycerides in the blood. Complementary and alternative treatments for dietary supplements are not recommended for treatment of chronic pain as they have been shown not to produce meaningful benefits or improvements. In this case, the injured worker has multiple comorbid problems. There is no documentation in the medical record to support the use of Lovaza. There is no clinical indication and no rationale in the documentation. Consequently, Lovaza 4gm #30 is not medically necessary.

Nephrovite (refill) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Medical Foods Other Medical Treatment Guideline or Medical Evidence:
<http://www.webmd.com/drugs/2/drug-16650/nephro-vite-rx-oral/details>

Decision rationale: Pursuant to the Official Disability Guidelines and peer-reviewed evidence guidelines, Nephrovite is not medically necessary. Nephrovite is a multivitamin, vitamin B complex supplement. Complementary and alternative treatments for dietary supplements are not

recommended for treatment of chronic pain as they have been shown not to produce meaningful benefits or improvements. In this case, the injured worker has multiple comorbid problems, however there is no documentation in the medical record to support its use. There is no clinical indication and no rationale in the documentation to support Nephrovite use. Consequently, Nephrovite is not medically necessary.

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 1 mg #60 is not medically necessary. Ativan is a benzodiazepine. It is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker has been taking Ativan for at least 6 to 8 months according to the record. He takes the Ativan during dialysis according to her progress note. That is not an indication for Ativan. There is no documentation in the record to support the continued long-term use of Ativan and there is no rationale in the record. Consequently, Ativan 1 mg #60 is not medically necessary.

Labs: GI, DM, HTN profile testing, qty. 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, routine suggested monitoring for G.I. Labs, diabetes mellitus labs, hypertension profile testing is not medically necessary. Package inserts for nonsteroidal anti-inflammatory drugs recommend periodically monitoring of blood count and chemistry profile including liver and renal function test. There has been a recommendation to measure liver transaminases within 48 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. In this case, there is no clinical documentation to support gastrointestinal lab tests, diabetes mellitus lab tests, hypertension profile lab tests. The injured worker has multiple diagnoses in the medical record. They include weight gain, insulin-dependent diabetes, hypertension with left ventricular hypertrophy, hyperlipidemia, blurred vision, hypertensive retinopathy, shortness of breath, and chronic renal failure on dialysis. It is unclear from the documentation how any of these medical problems are related to a work injury. Additionally, the work injury is not enumerated in the medical

documentation. The medical record shows the injured worker was being treated at [REDACTED] [REDACTED] for hypertension and diabetes prior to the date of injury. Consequently, as noted above, there is no clinical rationale to support G.I. Lab tests, diabetes mellitus lab tests, hypertensive profile lab tests. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the G.I. Lab tests, diabetes mellitus lab tests, hypertension profile testing are not medically necessary.

Cardio Resp testing: 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: Aetna Clinical Policy Bulletin
http://www.aetna.com/cpb/medical/data/800_899/0825.html

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Cardiopulmonary Exercise Testing, the Request for Cardiopulmonary Exercise Testing is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in any of the following conditions enumerated in the memorandum after performance of standard testing including echocardiogram, and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation (six minute walk test). The covered conditions are listed in the memorandum at the attached link. In this case, there is no clinical documentation to support the cardiopulmonary exercise test. Pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation was not present in the documentation. Additionally, there was no clinical rationale with which to perform the cardiopulmonary exercise testing documented by the treating physician. As noted above, the injured workers diagnoses were weight gain; insulin-dependent diabetes mellitus; hypertension with left ventricular hypertrophy; hyperlipidemia; blurred vision; shortness of breath any: and chronic renal failure on dialysis. The medical record does not indicate how these medical problems are in any way related to an industrial injury. Moreover, the industrial injury is not noted in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, cardiopulmonary exercise testing is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing (UDT) is recommended as a tool to monitor compliance

with prescribed substances, identify use of undisclosed substances and uncovered the version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. In this case, the injured worker took multiple medications and medication supplements. The list of medicine includes insulin, dexilant, Lovaza, tricore, Crestor, Diovan, diabetic supplies, Nephrovite, Benicar, Ativan, Plavix, Sotolol. There was no documentation in the medical record indicating the rationale for the urine drug test. The only controlled was the drug Ativan. There was a prior urine drug testing performed, which according to the medical record, did not show any inconsistencies. The most recent progress note, however did not provide a rationale for the repeat UDT. There was no discussion regarding low risk, moderate or high risk of misuse or abuse although the injured worker was non-compliant. Consequently, urine drug testing is not medically necessary.

Lexiscan Stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicalhealthtests.com

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: Lexiscan Stress Test <http://emedicine.medscape.com/article/1827166-overview>

Decision rationale: Pursuant to the Medscape (evidence-based guidelines -see attached link), the Lexiscan is not medically necessary. Lexiscan is a pharmacologic stress agent approved by the FDA for use in stress testing for patients unable to perform the standard exercise stress test. In this case, the injured worker had multiple diagnoses. The diagnoses were weight gain; insulin-dependent diabetes mellitus; hypertension with left ventricular hypertrophy; hyperlipidemia; blurred vision; shortness of breath any; and chronic renal failure on dialysis. The medical record does not indicate how these medical problems are in any way related to an industrial injury. There is no clear-cut rationale or indication in the medical record as to why the Lexiscan scan was ordered. Consequently, the Lexiscan stress test is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the Lexiscan stress test is not medically necessary.