

Case Number:	CM14-0181883		
Date Assigned:	11/06/2014	Date of Injury:	08/30/2006
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Preventive 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:

According to the records made available for review, this is a 58-year-old male with an 8/30/06 date of injury. At the time (10/9/14) of the Decision for Dexilant 60mg #45, Citrucel #120, Urine toxicology screen, labs (DM, HTN,GI profiles), Glucose monitor (computerized), and Translation/Interpreter, there is documentation of subjective (improved acid reflux with medication, blurred vision, slightly improving abdominal pain, improvement in his paresthesia, and increased diarrhea) and objective (blood pressure 119/74 mmHg, blood glucose 282 mg/dL (non-fasting), and tenderness at lumbosacral spine) findings, current diagnoses (abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia), and treatment to date (medications (including ongoing treatment with Dexilant, Ranitidine, Citrucel, Colace, Simethicone, and Probiotics) and back brace). Regarding Urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Regarding labs (DM, HTN,GI profiles), there is no documentation of the specific labs being requested. Regarding Glucose monitor (computerized), there is no documentation that the patient is on insulin therapy. Regarding Translation/Interpreter, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC regarding: Proton Pump Inhibitors (PPIs); Dexilant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID). California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. In addition, there is documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Dexilant 60mg #45 is medically necessary.

Citrucel #120: Overturned

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.drugs.com/pro/citrucel.html>.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address the issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which Citrucel is indicated (such as: constipation), as criteria necessary to support the medical necessity of Citrucel. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, and rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. In addition, there is documentation of a condition/diagnosis for which Citrucel is indicated (constipation). Therefore,

based on guidelines and a review of the evidence, the request for Citrucel #120 is medically necessary.

Urine toxicology screen,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, On-Going Management, pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Urine Drug Screen; drug testing. Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, and rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine toxicology screen is not medically necessary.

Glucose monitor (computerized): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Diabetes Procedure Summary last updated 07/28/2014; regarding glucose monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Glucose monitoring

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) identifies documentation of type 1 diabetes or type 2 diabetes on insulin therapy, plus long-term assessment (using A1C), but not continuous glucose monitoring for routine use, as criteria necessary to support the medical necessity of glucose monitoring. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, and rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. However, there is no documentation that the patient is on insulin therapy. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Glucose monitor (computerized) is not medically necessary.

Translation/Interpreter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interpreter Certification, Title 8 California Code of Regulations

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.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Translation/Interpreter. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, and rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Translation/Interpreter is not medically necessary.

labs (DM, HTN,GI profiles): 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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address the issue. The statutory basis for Medicare is found in Title 18 of the Social Security Act. Paragraph 1862(a)(1)(A) defines reasonable and necessary as those tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part. Tests and procedures defined as experimental by the Food and Drug Administration (FDA) or the Health Care Financing Administration (HCFA) are not considered reasonable. FDA approval does not also automatically mean medical necessity. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, and rule out irritable bowel syndrome, status post H. pylori treatment, diabetes mellitus, aggravated by work-related injury, paresthesia bilateral lower extremities, and hyperlipidemia. However, despite documentation of diagnoses of diabetes mellitus and gastroesophageal reflux disease and given documentation of the requested labs (DM, HTN, GI

profiles), there is no documentation of the specific labs being requested. Therefore, based on guidelines and a review of the evidence, the request for labs (DM, HTN, GI profiles) is not medically necessary.