



Case Number:	CM14-0030571		
Date Assigned:	06/20/2014	Date of Injury:	01/06/2014
Decision Date:	08/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63-year-old female with a date of injury of 01/06/2014. According to progress report 01/13/2014 by [REDACTED], the patient presents with neck pain. Examination of the cervical spine revealed patient is able to flex the neck to 40 degrees, extension is to 40 degrees, and right and left lateral flexion is 30 degrees. Right and left rotation is 80 degrees. Examination of the lumbar spine revealed slight tenderness in the lumbar paravertebral muscles. There is a progress report by another physician [REDACTED] from 05/14/2013. This report indicates the patient has abdominal pain, constipation secondary to Vicodin, status post H. pylori treatment, gastropathy secondary to NSAIDs, weight gains, and sleep disorder. This request is for urine toxicology, Medrox patches #60 one box, Sentra PM #60 one bottle for 1 month, and abdominal ultrasound. Utilization review denied the request on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 5/14/13: Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing (MTUS pg 43) Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with neck and low back pain. Treater is requesting urine toxicology. Utilization review denied the request stating medical records do not document the date and results of any previous testing. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. There is no indication of any recent UDS. ODG allows for once yearly screening in low risk patients. The request is medically necessary.

Abdominal ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004236/Abdominal ultrasound](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004236/Abdominal%20ultrasound).

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: Ultrasound, Abdomen American College of Radiology guidelines one Ultrasound of Abdomen: http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Abdomen_Retro.pdf.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting an abdominal ultrasound. Medical file indicates the patient has a history of abdominal pain, constipation and gastropathy. The MTUS, ACOEM and ODG guidelines do not discuss ultrasounds for the abdomen. However, American College of Radiology lists as indications for U/S abdomen, abdominal, flank, and/or back pain. Given the patient's abdominal pain, an U/S appears to be supported. The request is medically necessary.

Sentra PM, #60, one bottle for one month: 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 Chapter Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under pain chapter: Theramine.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting Sentra PM #60 one bottle for 1 month for patient's complaints of sleep issues. The ODG guidelines states that, Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression, that

is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. ODG further states that for each ingredient: for choline, There is no known medical need for choline supplementation; for Glutamic Acid, This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. For 5-hydroxytryptophan, This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. MTUS also states that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, choline, an ingredient in Sentra PM is not supported by ODG guidelines. The request is not medically necessary.

Medrox patches #60; one (1) box: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams(p111, chronic pain section):Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting Medrox patches #60. The request is for Medrox patches #60. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox patches specifically. The MTUS Guidelines does discuss topical agents on page 111 which states it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or NSAID topical is only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the entire compound is not recommended as medically necessary.

Split sleep study with CPAP titration: 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 Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding sleep studies.

Decision rationale: According to progress report 01/13/2014, the patient presents with neck pain. The request is for a split sleep study with CPAP titration to rule out obstructive sleep apnea. ODG guidelines recommend sleep studies After at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. There is no indication that the patient has had insomnia for six months. The request is not medically necessary.