

Case Number:	CM14-0032820		
Date Assigned:	06/20/2014	Date of Injury:	12/30/2009
Decision Date:	10/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

This is a 47 year old male with a 12/30/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 1/17/14 noted subjective complaints of improving intermittent chest pain, shortness of breath, palpitations, anxiety. Objective findings included abdominal tenderness to palpation. A urine drug screen from 11/21/13 was positive for benzoylecgonine, a cocaine metabolite. It is noted that the patient has a positive history of H. pylori. Diagnostic Impression: chest pain, acid reflux, shortness of breath, abdominal pain. Treatment to Date: physical therapy, medication management. A UR decision dated 2/17/14 modified the request for Prilosec 20 mg; certifying a one month supply. Additional certification will require evidence of continued NSAID use or specific documentation of GI complaints. It also modified a request for Gaviscon; certifying a one month supply. The claimant continues to have acid reflux and abdominal pain and is noted to have a history of H. pylori infection. It also modified a request for Pro Air HFA; certifying a one month supply. The claimant reports improving chest pain and shortness of breath. It also modified a request for urine drug screen; certifying a 10 panel random qualitative analysis with confirmatory laboratory testing only performed on inconsistent results. Considering presence of controlled substances as noted on prior drug screen, the medical necessity is reasonable. It also denied a stress echo. The claimant has palpitations and chest pain with improving shortness of breath. However, there is no documentation whether the claimant had an abnormal EKG that would require further testing with stress echo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: 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 Procedure Summary last updated 01/07/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient does have documentation of continued acid reflux with history of H. pylori. However, the request does not specific quantity, duration, or frequency of the medication. This medication should be used for the shortest possible amount of time. Therefore, the request for Prilosec 20 mg was not medically necessary.

Gaviscon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCONSULT.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: FDA (Gaviscon)

Decision rationale: CA MTUS and ODG do not specifically address this issue. Gaviscon contains aluminum hydroxide; magnesium carbonate as an oral product used as an antacid for temporary relief of symptoms associated with gastric acidity. The patient does have complaints of continued acid reflux. However, the dosage, quantity, frequency, and duration of use are not specified. Therefore, the request for Gaviscon was not medically necessary.

Pro Air HFA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

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: FDA (albuterol)

Decision rationale: CA MTUS and ODG do not specifically address this issue. Pro Air HFA, which contains albuterol, is a bronchodilator commonly used for reactive airway disease. The patient's symptoms of chest pain and shortness of breath could be due to reactive airway disease. However, the quantity, duration, frequency, and dose are not specified. Therefore, the request for Pro Air HFA was not medically necessary.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 01/07/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Given the documented history of the patient testing positive for a cocaine metabolite in 2013, periodic urine analysis would be substantiated. Therefore, the request for urine toxicology screening was medically necessary.

Echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., P. 261

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: The ACCF/ASE/ACEP/AHA/ASNC/SCAI/SCCT/SCMR 2008 Appropriateness Criteria for Stress Echocardiography

Decision rationale: CA MTUS and ODG do not address this issue. The provider report specifically requests stress echo. The American College of Cardiology criteria for stress echocardiography include: Detection of CAD: Symptomatic--Evaluation of Chest Pain Syndrome or Anginal Equivalent: Low pre-test probability of CAD: ECG uninterpretable OR unable to exercise; Intermediate pre-test probability of CAD: ECG interpretable AND able to exercise, ECG uninterpretable OR unable to exercise; High pre-test probability of CAD, regardless of ECG interpretability and ability to exercise; Prior stress ECG test is uninterpretable or equivocal. However, the patient describes intermittent chest pain, shortness of breath which are improving. He also has palpitations thought to be anxiety. There is no documentation of a screening ECG study. The patient would not be considered high-risk pretest probability for CAD, and should first have ECG evaluation. Therefore, the request for stress echo was not medically necessary.

