

Case Number:	CM14-0038108		
Date Assigned:	06/25/2014	Date of Injury:	02/05/2011
Decision Date:	08/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 is a 51-year-old male who reported injury on 02/05/2011. The mechanism of injury was noted to be continuous trauma. Prior treatments included physical therapy and home exercise program. There was a request for an ophthalmologist regarding a left eye cornea. However, the original date of request could not be established through the supplied documentation. The earliest documentation indicating a referral to an ophthalmologist was dated 09/17/2013. The documentation of 01/23/2014 revealed the injured worker had gastroesophageal reflux, palpitation secondary to anxiety, weight loss that was unsubstantiated, blurred vision status post left eye injury, and gastritis as well as status post H. pylori treatment and constipation and diarrhea. The documentation indicated the injured worker's constipation was consistent with high stress related gastrointestinal symptoms and the use of NSAIDS. The treatment recommendations were a GI profile and urine toxicology screen as well as the physician was awaiting a final report of a split sleep study with CPAP titration to rule out obstructed sleep apnea. The medications that were provided were Gaviscon, Centrum PM #60, Citrucel #120, Nexium #30 with 40 mg tablets daily and ranitidine 150 mg #30 daily. Additionally, the injured worker was advised to follow a low fat, low acid diet. The medication history included the use of the medications for at least 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon one bottle DOS 01/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs and H-2 blockers for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had gastroesophageal reflux. There was a lack of documented efficacy as it was indicated the injured worker was additionally started on Nexium and ranitidine. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gaviscon 1 bottle DOS 01/23/2014 is not medically necessary.

Urine toxicology screen DOS:1/23/2014: 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) Urine Toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when there is documentation the injured worker has documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for failed to meet the above criteria. Given the above, the request for urine toxicity is not medically necessary.

Sentra PM #60, DOS 1/23/2014: 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 Official Disability Guidelines (ODG) Pain Chapter, Sentra PM, Medical Foods.

Decision rationale: The Official Disability Guidelines indicate that Sentra PM is a medical food and it is intended for use in management of sleep disorders associated with depression, and that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. They further indicate that there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The treatment indications for Glutamic Acid include short bowel syndrome, cancer and critical illnesses. The use of 5-hydroxytryptophan has been used in alternative medicine for depression, insomnia and anxiety. The clinical documentation indicated the injured worker had utilized the medication for at least one month. There was a lack of documentation of exceptional

factors to warrant continued usage. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sentra PM #60 DOS 1/23/2014 is not medically necessary.

Citrucel #120 DOS 1/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation indicated the injured worker had utilized the medication for at least one month. There was a lack of documented efficacy. The request as submitted failed to include the frequency for the requested medication. Given the above, the request for Citrucel #120 DOS 1/23/2014 is not medically necessary.