

Case Number:	CM14-0039658		
Date Assigned:	06/30/2014	Date of Injury:	04/24/2009
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 54-year-old woman with a date of injury of 04/24/2009. An orthopedic AME (Agreed Medical Evaluation) report by [REDACTED] dated 04/29/2014 identified the mechanism of injury as cumulative trauma from 1999 through 2009 causing body pain. The rheumatology AME (Agreed Medical Evaluation) report by [REDACTED] dated 01/09/2013, the psychiatry AME report by [REDACTED] dated 04/28/2014, and the above orthopedic AME report indicated the worker was experiencing constant pain involving the neck, upper and lower back, left shoulder, right elbow, both wrists, left hip, both knees, right leg, and both feet as well as breathlessness with chest discomfort, daytime sleepiness with poor sleep, a painful rash, and depressed and anxious mood. Documented examinations showed tenderness in the neck and upper back, a rash, tender points throughout the body, and signs of both depressed and anxious mood. [REDACTED] reported that MMPI-2 (Minnesota Multiphasic Personality Inventory -2) testing on 04/28/2014 demonstrated findings consistent with severe depressive disorder with severely decompensated functioning. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. Treatment had included right shoulder surgery, physical and aquatic therapy, chiropractic care, acupuncture, stress therapy management, biofeedback, and medications. The reviewed reports recommended treatment with anti-inflammatory medications, psychotherapy, psychiatry consultation with adjusted medications, and consultation with a sleep medicine specialist for possible treatment. A Utilization Review decision by [REDACTED] was rendered on 03/27/2013 recommending non-certification for Sentra PM #60 1 bottle, urine toxicology screening, Sentra AM #60 1 bottle, probiotics twice daily #60, Theramine #90 2 bottles, blood pressure monitor, and 2D echocardiogram with doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use and Steps to Avoid Misuse/Addiction) Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urine toxicology screens before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urine toxicology screening as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing total body pain. The orthopedic AME report by [REDACTED] dated 04/29/2014 concluded the worker was suffering from neck strain, fibromyalgia, and mental health issues. The treatment recommendation included the use of only anti-inflammatory medications to treat pain. The MTUS Guidelines support a weaning of opioid medications when they are no longer appropriate. Urine toxicology screening was no longer needed as the medications were no longer appropriate treatment for the worker. For these reasons, the current request for a urine toxicology screen is not medically necessary.

Sentra PM #60 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, Sentra PM.

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: Sentra-PM product information. Accessed 08/14/2014.
http://tmedpharma.com/docs/monographs-10-09/Sentra_PM_Monograph_v_Final_10-15-2009.pdf.

Decision rationale: The MTUS Guidelines are silent on this issue. Sentra-PM is a medicinal food that contains Choline Bitartrate, 5-Hydroxytryptophan, Glutamate, Cocoa, Hawthorn Berry, Gingko Biloba, and Acetyl-L-Carnitine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Sentra-PM in the treatment of the worker's active issues. Further, the submitted and reviewed documentation was silent on the issue of recommending this medicinal food. In the absence of such evidence, the current request for Sentra-PA #60, 1 bottle is not medically necessary.

Sentra AM #60 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, Sentra PM.

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: Sentra-AM product information. Accessed 08/14/2014.
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

Decision rationale: The MTUS Guidelines are silent on this issue. Sentra-AM is a medicinal food that contains Choline Bitartrate, Glutamate, Grape-Seed Extract, Cocoa, Hawthorn Berry, Ginkgo Biloba, and Acetyl-L-Carnitine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Sentra-AM in the treatment of the worker's active issues. Further, the submitted and reviewed documentation was silent on the issue of recommending this medicinal food. In the absence of such evidence, the current request for Sentra-AM #60, 1 bottle is not medically necessary.

Probiotics bid #60: 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: Sartor RB, et al. Probiotics for gastrointestinal diseases. Topic 2603, version 22.0. UpToDate, accessed 08/14/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Probiotics are microorganisms that provide benefit to the body. The literature supports their use to prevent the growth and invasion of harmful bacteria through the gut walls, improvement of the immune system, and a decreased feeling of abdominal pain. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. There was no discussion of the worker having problems with the immune system, bacterial infections involving the gut, or abdominal pain. In the absence of such evidence, the current request for probiotics #60 is not medically necessary.

Theramine #90 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, Theramine.

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: Theramine product information. Accessed 08/14/2014.
<http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>.

Decision rationale: The MTUS Guidelines are silent on this issue. Theramine is a medicinal food that contains L-Arginine, L-Glutamine, L-Histidine, Choline Bitartrate, 5-Hydroxytryptophan, GABA, L-Serine, grape-seed extract, Cinnamon Bark, Whey Protein, Cocoa, and Metabrine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Theramine in the treatment of the worker's active issues. Further, the submitted and reviewed documentation was silent on the issue of recommending this medicinal food. In the absence of such evidence, the current request for Theramine #90 2 bottles is not medically necessary.

Blood pressure monitor: 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: Kaplan NM, et al. Ambulation blood pressure monitoring and white coat hypertension. Topic 3820, version 16.0. UpToDate, accessed 08/14/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature supports the use of blood pressure monitoring for a suspicion the person's blood pressure increases just at the medical office, episodes of high blood pressure, high blood pressure that is resistant to increasing medications, symptoms of low blood pressure during treatment of high blood pressure, or the autonomic nervous system is not working properly. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. A medication commonly used to treat high blood pressure and heart issues was also listed among the medications the worker was prescribed. However, there was no discussion of any abnormal blood pressure findings or an issue that required more than routine monitoring. In the absence of such evidence, the current request for a blood pressure monitor is not medically necessary.

2D echo (Echocardiography) with Doppler: 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: Echocardiography Writing Group, Technical Panel, Appropriate Use Criteria Task Force. ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate use criteria for echocardiography. J Am Coll Cardiol 2011; 57(9): 1126-1166.

Decision rationale: The MTUS Guidelines are silent on this issue. The 2011 Appropriate Use Criteria for Echocardiography guidelines were assembled by the American College of Cardiology Foundation, the American Society of Echocardiography, and eight other key specialty and subspecialty societies. The 2011 Guideline recommendations were extensive. The most common indications for this type of testing include symptoms or findings that suggest a problem with the heart, prior testing showed findings that were concerning for heart disease, symptoms or findings that suggest a problem with a heart valve(s), and a concern for heart failure. The submitted and reviewed documentation indicated the worker had experienced episodes of chest pain and breathlessness. However, these records reported that the worker had a full evaluation for these symptoms, and no significant heart problem was found. The reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. There was no discussion of additional concern involving the heart's structure or function. In the absence of such evidence, the current request for 2D echo with doppler is not medically necessary.