

Case Number:	CM14-0041092		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2009
Decision Date:	09/10/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 Pain 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:

The patient is a 53-year-old male with the industrial injury date of 4/20/2009. His past medical history is significant for status post left knee arthroscopy in September 2009 and left ankle repair (ORIF) in October 2009. A prior peer review was performed on 4/1/2014, and recommendation was given to non-certified the requested 2D echocardiogram with Doppler, urine toxicology screen, Carafate, Simethicone, probiotics, and aspirin (ASA) 81mg. The request for Lisinopril was recommended to be certified as the medical records supported the medication was beneficial, appropriate and medically necessary for the management of the patient's hypertension. According to the Urine toxicology screen report dated 1/28/2014, the sample was negative for all substances, although Ultram (tramadol) is listed as a prescribed medication. According to the final report in gastroenterology by [REDACTED], dated 2/6/2014, the patient had been referred for complaints of abdominal pain, acid reflux, and constipation. He reports improving abdominal pain with use of medications. Pain is located in the epigastric region and gassy in nature. He also notes improving constipation, dysphagia, heartburn, and regurgitation. He denies hematochezia and nausea/vomiting. Physical examination reveals the patient is alert and oriented; pleasant and cooperative. Vitals are 113/68 (1st) 99/66 (2nd), HR: 84 bpm, and weight 264 lbs. Examination of the head, eyes, chest, cardiovascular, and extremities are normal. The abdomen has 1+ tenderness over the epigastric area. Diagnoses: 1. Abdominal pain secondary to gastritis; 2. Gastritis, chronic/NSAID induced; 3. Constipation; 4. GERD; 5. Shortness of breath; 6. Hiatal hernia; 7. IBS - constipation type; 8. Gastric ulcer; and 9. Shortness of breath with climbing stairs. The patient has reached MMI from gastroenterology standpoint. Medications are provided through his PTP. He has been instructed to follow a low-fat, low-acid diet, also advised to avoid NSAIDS so as to avoid further aggravation of the GI tract. He is recommended to follow-up with his PTP and private medical doctor for all other

medical issues. According to handwritten PR-2 dated 3/12/2014, the UDS negative for Tramadol was reviewed. The patient had been out of medication. The patient presented for a follow-up examination with internal medicine, [REDACTED], on 3/13/2014. He reports improving abdominal pain and acid reflux. He also reports improving blood pressure. He complains of blurred vision and constipation. Physical examination reveals the patient is alert and orient, pleasant and cooperative, BP: 121/72, HR 66 bpm, chest and cardiovascular examination is normal, abdomen is obese, soft, non-tender with normal bowels sound. The extremities have tenderness and there is 1+ pitting edema in the bilateral lower extremities, scars are noted on the left knee and ankle. There is no other significant finding on physical examination. The listed diagnoses include 1. Abdominal pain (asymptomatic at this time); 2. Acid reflux (likely secondary to stress; r/o anatomical alteration (asymptomatic at this time)); 3. Constipation, secondary to stress and narcotics; 4. Hypertension; 5. Hiatal hernia; 6. IBS; 7. Gastric ulcer; 8. Chronic gastritis; 9. Blurred vision; 10. Cephalgia; 11. Sleep apnea, using CPAP; 12. Orthopedic diagnosis; 13. Psychiatric diagnosis; 14. Mild fatty liver. 2D echo with Doppler was performed. Medications Lisinopril, Carafate, Simethicone, probiotics, ASA. A urine toxicology screen was performed. Advised to follow low-fat, low-acid, SIBO, no salt and no-caffeine diet. Advised to bring in his blood pressure monitor next visit, recommended to increase fluid intake for regular bowel movements.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echocardiography with doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hackam DG, et al. Canadian Hypertension Education Program. The 2013 Canadian Hypertension Education Program Recommendations for blood pressure measurement, diagnosis, assessment of risk, prevention and treatment of hypertension. Can J Cardiol, 2013 May;29(5):538-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG) Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/echo/>.

Decision rationale: The Official Disability Guidelines state patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Echocardiography, or echo, is a painless test that uses sound waves to create moving pictures of your heart. The pictures show the size and shape of your heart. They also show how well your heart's chambers and valves are working. Echo also can pinpoint areas of heart muscle that aren't contracting well because of poor blood flow or injury from a previous heart attack. A type of echo called Doppler ultrasound shows how well blood flows through your heart's chambers and valves. It does not appear that an echocardiogram is indicated. According to this patient's medical records, he has no complaints of cardiac issues, and cardiovascular examination is unremarkable. The patient reports his blood pressure is improved, and examination documents normative BP readings. Routine echocardiography for hypertensive

patients whose blood pressure is normalized, is not recommended. The medical records demonstrate the patient's cardiac health has been stable. In the absence of any current subjective complaints and abnormal clinical findings, the medical necessity of an echo is not established. The request for 2D Echocardiography with Doppler is not medically necessary.

1 Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, including prescribing controlled substances (May 2009) page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INDICATORS FOR ADDICTION Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physicians have not documented any aberrant or suspicious drug seeking behavior. Furthermore, UDS had been performed. The medical records document the patient had undergone a urine toxicology screen on 1/28/2014. Generally, for patients maintained on opioid medications, an UDS every 6 months may be indicated and supported. The medical records do not provide supportive rationale for another UDS less than 2 months later. Therefore, 1 Urine toxicology screen is not medically necessary.

Carafate 1mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May 12,p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: WebMD<http://www.webmd.com/drugs/2/drug-14156-68/carafate-oral/sucalfate-oral/details>.

Decision rationale: The guidelines recommend GI protection, such as PPI, for patients with specific risk factors for gastrointestinal events. Carafate is a medication used to treat and prevent ulcers in the intestines. Sucralfate forms a coating over ulcers, protecting the area from further injury. This helps ulcers heal more quickly. This drug may also be used to treat and prevent ulcers in the stomach, and to prevent ulcers caused by the use of aspirin or other anti-inflammatory drugs (e.g., ibuprofen, naproxen). The medical records do not reveal any clinical indication of an ulcer present. This medication is not indicated for treatment of GERD. In addition, the patient is not recommended to use aspirin or other NSAIDS. The request for Carafate 1mg, #180 is not medically necessary.

Simethicone 80mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: Irritable Bowel Syndrome: a regional perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 Apr 20, 20p.

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.nlm.nih.gov/medlineplus/druginfo/meds/a682683.html>.

Decision rationale: Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating. This medication, which is available in many OTC products (ie gas-x, phayzme, and Mylanta), is used to treat excess gas pain. It acts in the stomach and intestines to change the surface tension of gas bubbles, enabling their breakdown and the formation of larger bubbles. In this way it is believed that gas can be eliminated more easily by belching or passing flatus. There is not evidence to support this medication is efficacious and medically necessary for the treatment of IBS. In addition, the patient is asymptomatic regarding abdominal pain. It does not appear that this medication is medically necessary. The request for Simethicone 80mg, #90 is not medically necessary.

Probiotics #90: 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: <http://www.webmd.com/digestive-disorders/tc/probiotics-topic-overview>.

Decision rationale: According to the medical literature referenced, Probiotics are bacteria that help maintain the natural balance of organisms (microflora) in the intestines. The normal human digestive tract contains about 400 types of probiotic bacteria that reduce the growth of harmful bacteria and promote a healthy digestive system. The largest group of probiotic bacteria in the intestine is lactic acid bacteria, of which *Lactobacillus acidophilus*, found in yogurt with live cultures, is the best known. Yeast is also a probiotic substance. Probiotics are also available as dietary supplements. The medical records do not establish the patient does not have adequate microflora of the intestines. In addition, the patient can obtain probiotic bacteria by eating yogurt. The medical records do not establish the request is medically necessary. The request Probiotics #90 is not medically necessary.

Aspirin (ASA)81mg, daily, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Preventative Services Task Force. Aspirin for the prevention of cardiovascular disease: US Preventative Services Task Force recommendation statement. Ann Intern Med. 2009 Mar 17;150(6):396-404. PubMed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The guidelines state a non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement). The medical records do not establish this patient has major risk factors for cardiovascular disease. In addition, the patient has been recommended to avoid NSAIDs to avoid further aggravation of the GI tract. The request Aspirin (ASA) 81mg, daily, #45 is not medically necessary.