

Case Number:	CM14-0050569		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2013
Decision Date:	09/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The applicant is an employee represented by [REDACTED], who has filed a claim for chronic pain syndrome. Patient complains of gastro esophageal reflux disease, bilateral shoulder pain, wrist pain, forearm pain, and neck pain associated with an industrial injury on January 11, 2013. The patient has been treated with the following; analgesic medications, unspecified amounts of physical therapy, proton-pump inhibitor and has had a transfer of care to and from various providers in various specialties. In a Utilization Review report on March 28, 2014, the claims administrator approved a request for Prilosec, denied a request for Crestor, and denied a request for App Trim. The applicant's attorney has appealed. On March 18, 2014 progress notes indicate patient was presented with issues associated with blood pressure, reflux, and psychological stress due to cumulative trauma at work. The applicant apparently had a history of a previous mental health claim filed through a different employer. The patient was given a diagnosis of acid reflux, abdominal pain, diarrhea, unsubstantiated weight gain, hypertension, diet controlled diabetes, and sleep disorder. The patient was given prescriptions for Prilosec, Probiotics, Crestor, and App Trim. The patient was asked to make appropriate dietary changes. The applicant was described as having high serum cholesterol levels at an office visit on February 18, 2014. The patient's weight was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crestor 2mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Crestor Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Crestor is indicated in the treatment of primary hyperlipidemia and mixed hyperlipidemia as an addition to diet and exercise. In this case, the applicant does have laboratory confirmed dyslipidemia. Therefore, the request is medically necessary.

App Trim #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic of alternative treatments. According to ACOEM Guidelines Chronic Pain Chapter, alternative treatments, complementary treatments, and/or dietary supplements such as AppTrim are not recommended in the treatment of chronic pain. They have not been demonstrated to have any proven outcomes or meaningful benefits with treatments. In this case, the attending physician did not furnish any compelling patient specific rationale or medical evidence which would offset the unfavorable ACOEM position. Therefore, the request is not medically necessary.