

Case Number:	CM14-0050992		
Date Assigned:	08/08/2014	Date of Injury:	08/21/2013
Decision Date:	09/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 46-year-old gentleman with a date of injury of 08/21/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 01/21/2014, 02/19/2014, and 03/13/2014 and by [REDACTED] dated 01/09/2014 and 02/04/2014 indicated the worker was experiencing pain in the neck, lower back, right shoulder, and right elbow; heartburn that improved when medication in the non-steroidal anti-inflammatory drug class was stopped; difficulty sleeping, depressed mood, headaches, ringing in his ears, blurry vision, stress, leg cramping, and dizziness. Documented examinations consistently showed decreased motion in the upper and lower back, right elbow, and right shoulder joints; tenderness in the upper and lower back and right shoulder; decreased sensation following the right C5-C8 nerves off the spine, and decreased elbow and shoulder strength. [REDACTED] note dated 01/09/2014 described the blood tests for amylase and lipase done on 12/05/2013 were high, a urine toxicology test done on 12/04/2013 was as expected, and an electrocardiogram done on 12/04/2013 showed non-specific findings. The submitted and reviewed documentation concluded the worker was suffering from neck and lower back strain, right elbow contusion, right ankle sprain, headaches, difficulty sleeping, abdominal pain, gastro esophageal reflux disease due to medications, and constipation with diarrhea. Treatment recommendations included topical pain medications, an oral opioid medication, consultation with a gastrointestinal specialist, an ultrasound of the abdomen, a low acid and low fat diet with increased fluids, a TENS unit, physical therapy, a MRI of the upper spine, electrodiagnostic studies of the arms, and follow up. A Utilization Review decision by [REDACTED] was rendered on 03/12/2014 recommending modification of omeprazole 20mg to include #30 pills and non-certification for an electrocardiogram (ECG), urine toxicology testing, abdominal

ultrasound, consultation with a gastrointestinal specialist, probiotics, and ranitidine with Sentra-PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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: What is an electrocardiogram? National Heart, Lung, and Blood Institute, Department of Health and Human Services. Website accessed 09/21/2014. <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg/>.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Electrocardiograms (ECG) look at the flow of electricity through the heart and create a tracing or image that reflects this flow. The flow of electricity through the heart is related to its rhythm and rate. An ECG is often done to evaluate chest pain, high blood pressure, signs or symptoms of an abnormal heart rate or rhythm, or a concern that the flow of electricity through the heart may be abnormal such as can occur with certain medications. The submitted and reviewed documentation did not indicate the worker was experiencing chest pain or other concerning symptoms. Documented examinations did not describe findings concerning for a heart problem. There was no discussion suggesting a concern that the worker was suffering from a heart or related issue or that the flow of electricity through the heart may be abnormal. [REDACTED] office visit note dated 01/09/2014 summarized the results of an ECG done on 12/04/2013 as showing non-specific abnormalities, which is quite common and is often due to electromagnetic interference with the test or the placement of the leads used to obtain the tracing. There was no discussion suggesting these findings were of concern. In the absence of such evidence, the current request for an electrocardiogram (ECG) is not medically necessary.

Urine Toxicology Test: Overturned

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 Guidelines for Clinical Care: Management Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 33 Official Disability Guidelines (ODG) - Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, 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. 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 pain in the neck, lower back, right shoulder, and right elbow, in addition to other issues. The treatment recommendations included the continued use of an opioid medication. The most recent urine toxicology test had been done several months before this request. In light of this supportive evidence, the current request for a urine toxicology test is medically necessary.

Abdominal Ultrasound: Overturned

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

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: Penner RM, et al. Diagnostic approach to abdominal pain in adults. Topic 6862, version 18.0. UpToDate, accessed 09/21/2014.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. An abdominal ultrasound is an imaging study that uses sound waves to take pictures of the structures in the abdomen. One of the most common reasons to use this study is to evaluate abdominal pain. The submitted and reviewed documentation indicated the worker was experiencing mid-upper abdominal pain and heartburn, among other issues. The intensity decreased when a pain medication in the non-steroidal anti-inflammatory drug class was stopped and medication was started based on the reasonable conclusion that the symptoms were likely related to gastroesophageal reflux disease. However, the symptoms did not resolve even after several months of treatment as would be expected. In addition, an office visit note by [REDACTED] dated 01/09/2014 summarized laboratory blood tests done on 12/05/2014 as showing high amylase and lipase levels. These combined findings are not typical of gastroesophageal reflux disease, and further investigation is appropriate. In light of this supporting evidence, the current request for an abdominal ultrasound is medically necessary.

GI Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 04/27/2007, pg 56.

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: Penner RM, et al. Diagnostic approach to abdominal pain in adults. Topic 6862, version 18.0. UpToDate, accessed 09/21/2014.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. The submitted and reviewed documentation indicated the worker was experiencing mid-upper abdominal pain and heartburn, among other issues. The intensity decreased when a pain medication in the non-

steroidal anti-inflammatory drug class was stopped and medication was started based on the reasonable conclusion that the symptoms were likely related to gastroesophageal reflux disease. However, the symptoms did not resolve even after several months of treatment as would be expected. In addition, an office visit note by [REDACTED] dated 01/09/2014 summarized laboratory blood tests done on 12/05/2014 as showing high amylase and lipase levels. These combined findings are not typical of gastroesophageal reflux disease, and further investigation is appropriate. In light of this supporting evidence, the current request for consultation with a gastrointestinal specialist is medically necessary.

Prilosec 20mg, Unknown Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Omeprazole: Drug Information. Topic 9718, version 132.0. UpToDate, accessed 09/21/2014.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from abdominal pain and gastroesophageal reflux disease due to medications, in addition to other issues. However, the request was made for an indefinite supply of omeprazole, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for omeprazole 20mg with an unknown quantity is not medically necessary.

Gaviscon, Unknown Quantity and Dosage: 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 12p.

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:Aluminum hydroxide and magnesium carbonate: Drug information. Topic 8613, version 71.0. UpToDate, accessed 09/21/2014.

Decision rationale: Gaviscon is a combination medication of aluminum with magnesium that is used to treat symptoms of heartburn, indigestion, or an upset stomach due to acid in the stomach. The MTUS Guidelines are silent on this issue in this clinical situation. The submitted and reviewed documentation concluded the worker was suffering from abdominal pain, gastroesophageal reflux disease due to medications, and constipation with diarrhea, in addition to other issues. However, the request was made for an indefinite supply of Gaviscon, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Gaviscon with an unknown dose and quantity is not medically necessary.

Probiotics, Unknown Quantity and Dosage.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse; (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 27P (Clinical Guidelines; no. 61).

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 09/21/2014.

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 abdominal pain, gastroesophageal reflux disease due to medications, and constipation with diarrhea, in addition to other issues. However, the request was made for an indefinite supply of probiotics, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for probiotics with an unknown dose and quantity is not medically necessary.

30 Ranitidine 150mg (Co-Pack with Sentra PM #60): Upheld

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

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 09/21/2014. 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, ginkgo biloba, and acetyl-L-carnitine. Ranitidine is a medication in the H2-blocker class. 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 difficulty sleeping, abdominal pain, gastroesophageal reflux disease due to medications, and constipation with diarrhea, in addition to other issues. 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. The FDA approves the use of omeprazole to treat symptoms associated with gastroesophageal reflux disease (GERD), which the worker was also taking. The literature does not support this use of both of these medications at the same time. In the absence of such evidence, the current request for ranitidine 150mg #30 with Sentra-PM #60 is not medically necessary.