

Case Number:	CM14-0060614		
Date Assigned:	07/09/2014	Date of Injury:	10/27/2010
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old male who has submitted a claim for Gastroesophageal reflux disease (GERD), diabetes, hypertension, hyperlipidemia, chronic kidney disease, cervical disc disease with radiculopathy, lumbar disc disease, lumbar facet syndrome, diabetic neuropathy, and left knee internal derangement associated with an industrial injury date of 10/27/2010. Medical records from 2013 to 2014 were reviewed. Patient complained of cervical and lumbar pain, graded 6-7/10 in severity and relieved to 2-3/10 upon intake of medications. Pain was described as squeezing, intermittent, and associated with sharp, burning, and stabbing pain at bilateral lower legs and feet. Patient likewise complained of abdominal pain and esophageal burning sensation. He experienced intermittent episodes of chest pain at rest. Physical examination of the cervical spine showed tenderness, muscle spasm, restricted motion, and positive axial head compression / Spurling sign. Sensation was diminished at C5, C6, L5, and S1 dermatomes bilaterally. Motor strength of bilateral C5 and C6 myotomes was graded 4/5. Brachioradialis reflex was graded 1+ bilaterally. Straight leg raise test was positive bilaterally. Tenderness and spasm were also noted at the paralumbar muscles. Blood pressure was measured at 109/65 mmHg and heart rate of 61 beats per minute. Treatment to date has included medications such as Oxycodone, Lyrica, Cymbalta, Lortab, amlodipine, Prilosec, Miralax, Colace, simvastatin, ASA, Plavix, Chlorthalidone, Coreg, Hypertensa, Humalog and Fludrocortisone. Utilization review from 04/08/2014 denied the request for Fludrocortisone 0.1mg (quantity unknown) because there was no evidence of a condition or diagnosis for which Fludrocortisone was indicated; denied Fludrocortisone 0.1mg (quantity unknown) Hypertensa #60 (2 bottles) because the guidelines did not support the use of medical foods; and denied laboratory (GI, Htn, glucose, A1C profile) because of no supportive subjective or objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

fludrocortisone 0.1mg (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/fludrocortisone-acetate.html>.

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: US Food and Drug Administration, Hydrocortisone cream.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. It states that topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. This medication is being prescribed to help with surface sensitivity or scar formation. In this case, there is no evidence of any recent surgical incisions or complaints of pruritus. Physical examination of the skin was unremarkable. There is no documented rationale for this medication. Therefore, the request for Fludrocortisone 0.1mg (quantity unknown) is not medically necessary.

Hypertensa #60 (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 http://medpharm.com/docs/monographs-5-22/hypertensa_product_monograph_for_webste_5-22-08.pdf.

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, Medical Food.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. It states that medical food is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. However, the Food and Drug Administration (FDA) states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Hypertensa capsule is a Medical Food product, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with

hypertension. In this case, there is no rationale or indication provided for the treatment with the requested medications. Moreover, the guideline does not consistently recommend use of medical food. The medical necessity cannot be established due to insufficient information. Therefore, the request for Hypertensa #60 (2 bottles) is not medically necessary.

GI, HTN, Gluco A1c Profiles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice standard of Care.

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:Aetna, Clinical Policy Bulletin, Upper Gastrointestinal Endoscopy.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not specifically address this issue. According to Aetna Clinical Policy Bulletin, diagnostic esophagogastroduodenoscopy (EGD) is medically necessary for evaluation of upper abdominal and esophageal reflux symptoms that persist despite an appropriate trial of therapy. In this case, patient complained of abdominal pain and esophageal burning sensation. He was a diagnosed case of GERD; hence, the medical necessity for GI diagnostic exam had been established. However, the request was non-specific. Therefore, the request for laboratory (GI) is not medically necessary.