

<b>Case Number:</b>	CM14-0060961		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51 year old female was reportedly injured on August 5, 1998. The mechanism of injury is undisclosed. The diagnoses list included cervical and lumbar radiculopathy as well as thoracic radiculopathy. The progress note, dated May 6, 2014, noted diagnoses of abdominal pain, constipation, and rule out hemorrhoids, dysphagia, obesity, hypertension, and chest pain. The physical examination demonstrated a borderline hypertensive (127/86) individual who was noted to be 172 pounds. The respiratory examination noted the lungs to be clear to auscultation. There were no rales or wheezes appreciated, and it was noted the lungs were to percussion. Multiple medications were dispensed. A course of sleep hygiene was outlined. Diagnostic imaging studies were not reported. Previous treatment included multiple medications. A request was made for multiple medications, diagnostics and labs and was not certified in the preauthorization process on April 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Air MDI 90 mcg x 6 month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pulmonary chapter updated August 2014.

**Decision rationale:** This medication (Albuterol) is a primary medication to treat asthma. The progress notes, reviewed, do not indicate any complaints relative to asthma. The physical examination notes clear lungs and no indications of asthma. As such, there is no medical information presented to support the treatment for asthma as clinically indicated. As such, the requested medication to treat this ordinary disease of life is not medically necessary.

**10 panel random drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results x 1:** 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 Page(s): 78.

**Decision rationale:** Urine drug screening can be supported if there are clinical indications of excessive opioid use, drug diversions, illicit drug use or any other parameters. The progress notes, presented for review, do not indicate that there are any clinical indicators to suggest the need for such an evaluation. As such, based on the limited clinical information presented for review, this is not medically necessary.

**Nexium 40 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** When noting the date of injury, the actual injury sustained, the current complaints offered and the physical examination reported, there is no clinical indication that this proton pump inhibitor is required. This medication can be useful in addressing gastroesophageal reflux disease; however, no complaints of that malady are offered. Furthermore, this is being considered a gastric protectant. However, with no complaints offered and no findings on physical examination, there is no medical necessity established for this medication.

**2D Echo with Doppler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lower extremity August 2014.

**Decision rationale:** The progress notes, presented for review, indicate this study was completed in 2014 identifying mitral valve calcification. Therefore, there is no clinical indication to repeat the study to address the ordinary disease of life mitral valve calcification. Therefore, this is not medically necessary

**Fasting labs GI and HTN profiles:** 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 Official Disability Guidelines (ODG): Pain guidelines updated July 2014.

**Decision rationale:** When noting the injury sustained, the treatment rendered, and the comorbidity of morbid obesity, there is no clear clinical indication presented for fasting laboratory studies to assess the gastrointestinal system or hypertension. These diagnoses have been established. As such, repeat testing for these ordinary disease of life clinical situations is not medically necessary.