

Case Number:	CM14-0062851		
Date Assigned:	07/11/2014	Date of Injury:	01/04/2003
Decision Date:	09/17/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	05/05/2014

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 a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, reflux, dysphagia, weight gain, posttraumatic stress disorder, and alleged obstructive sleep apnea reportedly associated with an industrial injury of January 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; earlier knee surgery; reported diagnosis with fibromyalgia; and blood pressure lowering medications. In a Utilization Review Report dated April 5, 2014, the claims administrator approved a request for Tenormin, approved a request for Dexilant, approved a request for Gaviscon, denied a request for Preparation H cream, denied a request for a dental appliance, and denied a request for urine toxicology screen. The claims administrator stated that the attending provider had not documented a diagnosis of hemorrhoids and therefore denied the Preparation H cream on those grounds. The claims administrator acknowledged that the applicant had been diagnosed with obstructive sleep apnea but stated that a dental appliance was not needed as the applicant had reported received approval for a CPAP device, which, per the claims administrator, should obviate the need for the dental appliance. In an agreed medical evaluator's record review of April 21, 2013, the agreed medical evaluator alluded to a gastroenterology consultation of September 30, 2011, which the applicant had apparently been diagnosed with heartburn and epigastric pain reportedly associated with reflux. The applicant's reflux was reportedly poorly managed with AcipHex and Prilosec. An EGD was therefore recommended. The medical-legal evaluator also noted that the applicant was off of work owing to a variety of medical and mental health issues. On March 25, 2014, the applicant apparently presented with reflux, constipation, diarrhea, and bright red blood per rectum. The applicant had received a mouthguard and nasal piece, it was stated, but did not have the CPAP machine, it was

stated. Some of the stated diagnoses included bright red blood per rectum, obstructive sleep apnea, posttraumatic stress disorder, weight gain, dysphagia, and gastroesophageal reflux disease. A GI consultation, Sentra, Amitiza, Preparation H, probiotics, Gaviscon, Dexilant, and Tenormin were endorsed. The attending provider stated that he was waiting authorization for a dental appliance as well as an auto titration CPAP fitting. The applicant's work status was not stated on this occasion. In a psychology note dated March 24, 2014, the applicant was placed off of work, on total temporary disability, through May 6, 2014 while a home health aid and transportation to and from medical appointments was sought. In a rheumatology note dated March 7, 2014, it was stated that the applicant had issues with TMJ in addition to issues with sleep apnea. A urine drug test of February 27, 2014 was reviewed and did include testing for approximately 10 different benzodiazepine metabolites, five different barbiturate metabolites, and 10 different opioid metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dental appliance for one resumed auto titration CPAP fitting: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review.

Decision rationale: The California MTUS Guidelines do not address either topic. As noted by the American Academy of Sleep Medicine, oral appliances/dental appliances are appropriate options in the treatment of obstructive sleep apnea, which is apparently present here, and have apparently been compared favorably to surgical modification of the upper airway via uvulopalatopharyngeal plasty. While dental appliances/oral appliances are less efficacious than CPAP devices, AASM acknowledges that oral appliances/dental appliances are generally better tolerated and may be more widely used than CPAP devices. In this case, the applicant does have issues with sleep apnea superimposed on issues with TMJ. Provision of a dental appliance appears to be the most appropriate option here. In regard to the topic of titration of the CPAP device, as noted by the AASM, these appliances are titrated if there is symptom improvement or resolution and/or the applicant could have home monitoring of sleep to determine the impact the appliances have on the apnea-hypopnea index. Given the fact that the applicant is receiving a new appliance, the resumed auto titration fitting is also indicated. Therefore, both requests for the dental appliance and auto titration fitting are medically necessary.

1 Urine toxicology screen between 3/25/14 and 3/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, state when the last time an applicant was tested, and attach the applicant's complete medication list to the request for authorization for testing. In this case, however, none of the aforementioned criteria were met. The attending provider did not state when the applicant was last tested. It was not clearly stated why non-standard testing for numerous opioid, benzodiazepine, and barbiturate metabolites were performed. The attending provider did not justify selection of these particular tests. The attending provider did not state when the applicant was last tested. For all of the stated reasons, then, the request was not medically necessary.

1 Prescription of Preparation H cream: 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 Medscape, Preparation H Medication Guide.

Decision rationale: The California MTUS Guidelines do not address the topic. As noted by Medscape, Preparation H is indicated in the treatment of hemorrhoids. In this case, however, the attending provider has not clearly established, suggested, or stated that the applicant in fact carries a diagnosis of hemorrhoids for which application of Preparation H would be indicated. While the applicant had reported issues with bright red bleeding per rectum, these issues were never clearly attributed or imputed to hemorrhoids. Therefore, the request is not medically necessary.