

<b>Case Number:</b>	CM14-0069957		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/23/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This is a 60 year-old female patient with a 6/23/2008 date of injury. The mechanism of injury was at work while assisting a client in a wheelchair onto her bus. The patient states she pulled on the wheelchair to keep it from falling and felt a sudden pop to her low back with the immediate onset of pain. On a 3/20/2014 progress report the patient states that her blood pressure is mostly controlled with a 120-130/80mmHG reading, her GERD is controlled with medication. She reports no change in her sleep quality, anxiety, and her depression. The current diagnostic impression is status-post lumbar spine surgery, hypertension, blurred vision suspect hypertensive retinopathy, gastritis, GERD secondary to NSAID use, irritable bowel syndrome, sleep disorder, psychological diagnosis, and hyperlipidemia. Treatment to date: surgery, psychological referral, and medication management. A UR decision dated 5/7/2014 denied the request for Hypertensa #30 #1 bottle and 1 urine drug screen. The rationale for denial of Hypertensa was that it is a medical food. The patient has not used this before to help manage her hypertension, which is already controlled on her current medications. L-arginine is one ingredient in Hypertensa to help manage hypertension, but none of the other ingredients are recommended by the guidelines. The rationale for denial of 1 urine drug screen was that her last drug screen was on 2/12/14 and guidelines only recommend drug screens twice annually.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertensa #60 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**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 (Chronic).

**Decision rationale:** CA MTUS guidelines do not address medical foods. ODG guidelines for chronic pain state a food which is formulated to be consumed or administered internally 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, based on scientific principles, are established by medical evaluation. Hypertensa is a medical food comprised of choline, L-arginine, honey, cinnamon, ginseng, L-leucine, L-glutamine, L-histidine, caffeine, L-cysteine, cocoa, and grape seed extract. While L-arginine is indicated to help manage hypertension, none of the other ingredients are recommended by the guidelines to treat hypertension. Furthermore, on the 3/20/14 report the patient's hypertension was under control. Therefore, the request for Hypertensa #60 #1 bottle is not medically necessary.

**1 urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10, 32, 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic use of opioids Page(s): 222-238.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The guidelines only recommend screens randomly at least twice and up to 4 times a year. The patient had a drug screen done on 2/12/2014, and the patient is on hydrocodone for her back. The CA MTUS guidelines do recommend random urine screening for patients taking chronic opiates for up to 4 screens per year. Therefore, the request for 1 urine drug screen is medically necessary.