

<b>Case Number:</b>	CM14-0075156		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/30/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 54-year-old individual was reportedly injured on June 30, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of depression and anxiety; however, some improvement was noted. The physical examination demonstrated a 5'4", 298 pound individual who was reported to be normotensive (118/77). Three plus pedal edema was noted. No other significant findings were reported on physical examination. Diagnostic imaging studies were not presented. Previous treatment included chronic pain invention and treatment for a number of ordinary diseases of life medical maladies. A request had been made for multiple medications, urine toxicology screen, adenosine nuclear study and GI consultation and was non-certified in the pre-authorization process on April 22, 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovaza 4 g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cod Liver Oil Page(s): 35.

**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: Pharmacy & Therapeutics (May, 2008), Omega-3-acid Ethyl Esters (Lovaza) For Severe Hypertriglyceridemia

**Decision rationale:** This is a fish oil preparation indicated for the treatment of hyperlipidemia. As noted in the literature, triglyceride lowering medications such as statins are preferred. Furthermore, there is no laboratory data establishing the lipid levels. According, based on this limited clinical information, there is no clear clinical indication presented to establish the medical necessity of this preparation.

**Crestor 20 mg #45:** Upheld

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

**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: Preclinical and clinical pharmacology of Rosuvastatin, a new 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitor. Am J Cardiol 87 (5A): 28B-32B

**Decision rationale:** This is a statin medication used in the treatment of hyperlipidemia. It is noted that the injured employee is morbidly obese. However, the lipid levels are not presented for review. Therefore, one cannot determine the efficacy of this medication or the clinical indications for this medication. As such, based on the limited clinical information presented for review, the medical necessity is not established in the progress notes presented.

**ASA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

**Decision rationale:** As outlined in the MTUS, there is a clinical indication for aspirin on a daily basis as a cardiac protection methodology. However, while noting that the injured employee is morbidly obese, there is no narrative presented explaining why this medication is being prescribed. It is not clear if it is for cardiac protection, response to an inflammatory process, or other indication. Therefore, based on the limited clinical information presented for review, the medical necessity cannot be established.

**MVI (Multi Vitamin):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19204221> - Arch Intern Med. 2009 Feb 9;169(3):294-304

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Clinical Measures; Medications-Vitamins (Electronically Cited)

**Decision rationale:** As outlined in the MTUS, ACOEM and Official Disability Guidelines alternative treatments or dietary supplements (i.e. multivitamin) are not recommended for the treatment of chronic pain as they have not been shown to produce any meaningful benefits. Therefore, based on the very limited clinical information presented for review, it is not clear why this medication is being prescribed. As such, the medical necessity cannot be established.

**Clotrimazole-Betamethasone Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/11002867>

**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: [http://www.merck.com/product/usa/pi\\_circulars/l/lotrisone\\_cream/lotrisone\\_pi.pdf](http://www.merck.com/product/usa/pi_circulars/l/lotrisone_cream/lotrisone_pi.pdf)

**Decision rationale:** This topical preparation is a combination of a topical antifungal as well as a topical steroid preparation. There is no clinical data presented outlining why such a preparation is needed. There is nothing on physical examination. There are no noted lesions. As such, there is insufficient clinical information presented to support the medical necessity for this preparation.

**Diabetic/test/strips/lancets/alcohol swabs:** 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): Diabetic Monitoring

**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: American Diabetes (January 2006). "Standards of medical care in diabetes--2006". Diabetes Care. 29. Suppl 1: S4-42

**Decision rationale:** This is a morbidly obese individual with a number of comorbidities. The progress notes indicate the presenting complaints as depression and anxiety. Blood glucose testing has been noted in the past. However, there is no narrative relative to the current status of diabetes, how well controlled the ordinary disease of life comorbidity is, or what type of diabetes is being dealt with. Therefore, based on the markedly limited clinical information, there is insufficient data to establish the medical necessity of this medication.

**Prozac 10 mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

**Decision rationale:** The MTUS notes that selective serotonin reuptake inhibitors are not recommended for the treatment of chronic pain but may be beneficial for the treatment of psychosocial symptoms associated with chronic pain. The progress notes establish that there is an anxiety state as well as a depression that is responding with treatment. Therefore, based on the clinical documentation provided, this medication is being utilized to treat reactionary depression/anxiety secondary to the chronic pain. As such, the requested medication is medically necessary.

**Vitamin B-12:** 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): Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Clinical Measures; Medications-Vitamins (Electronically Cited)

**Decision rationale:** The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary.

**Hypertensa #80:** 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): Medical Food

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

**Decision rationale:** This preparation is noted to be a medical food, a proprietary formulation that does not have any specific double blinded, peer-reviewed literature basis to support its utilization. Therefore, when noting the limited clinical rationale presented in the progress notes

reviewed, and by the lack of evidence-based medicine support, there is no clear indication to establish the medical necessity of this preparation.

**Sentra PM #80:** 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 Sentra PM

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

**Decision rationale:** This preparation is noted to be a medical food, a proprietary formulation that does not have any specific double blinded, peer-reviewed literature basis to support its utilization. Therefore, when noting the limited clinical rationale presented in the progress notes reviewed, and by the lack of evidence-based medicine support, there is no clear indication to establish the medical necessity of this preparation.

**Vitamin C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22492364>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Clinical Measures; Medications-Vitamins (Electronically Cited)

**Decision rationale:** The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary.

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, page 78

**Decision rationale:** As outlined in the MTUS, this is an option when there is a consideration of illegal drug use, inappropriate drug use, intoxication, drug diversion or some other parameter. Based on the limited progress notes presented for review, there is no indication of any inappropriate drug use or other medical indication to complete this assessment. Therefore, based on this and complete clinical information, the medical necessity of such testing has not been established.

**Adenosine Nuclear Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18709016>

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

**Decision rationale:** This testing is also noted as a cardiac stress test. While noting the comorbidities identified in this morbidly obese individual, there is insufficient clinical information presented to suggest the need for such cardiac testing. Therefore, based on this limited clinical information and by the parameters in the Official Disability Guidelines (MTUS and ACOEM do not address), there is no clinical indication for this assessment. As such, this request is not medically necessary.

**GI Consult:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** As noted in the ACOEM guidelines, a consultation is indicated when there is a uncertain diagnosis or extremely complex clinical situation. The progress notes indicate complaints of depression and anxiety. There are no gastrointestinal complaints offered. As such, there is no narrative explaining why such a consultation is necessary. Therefore, based on the lack of clinical information this is not medically necessary.