

Case Number:	CM14-0078813		
Date Assigned:	07/21/2014	Date of Injury:	03/09/2009
Decision Date:	10/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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:

This patient is a 58 year old male with a date of injury on 3/9/2009. A review of the medical records indicate that the patient is undergoing treatment for hypertension, gastritis, insomnia, gout, hyperlipidemia, carpal tunnel syndrome, lumbago, spinal stenosis, and pain to legs, wrists, arm, knees, ankle, neck, waist, H pylori, and back. Subjective complaints on 4/23/2014 indicate "BP check", "GI check", and "sharp pain in left lateral chest, lasting a few minutes sporadically". Objective findings on 4/23/2014 include alert/oriented x 3, NAD, PERRL, pulse 96, and weighed 202 pounds. Treatment has included physical therapy (unknown number of sessions), steroid injections, chiropractic treatment (unknown number of sessions), acupuncture (unknown number of sessions), and PrePak. A complete blood count was ordered on 2/12/2014 was reported as normal by the treating physician. A utilization review dated 5/1/2014 non-certified the following requests:- CBC non-certified due to normal result at prior visit- Simethicone non-certified due to absence of treatable symptoms- Xanax non-certified due to risk of dependence- Mucinex DM non-certified due to absence of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical records indicate a normal CBC was resulted on 2/12/2014. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat CBC. As such, the request for Complete Blood Count is not medically necessary. The medical records indicate a normal CBC was resulted on 2/12/2014. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat CBC. As such, the request for Complete Blood Count is not medically necessary.

Xanax 0.25 mg as prescribed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines

Decision rationale: MTUS and ODG states that benzodiazepine (ie Lorazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended". Medical records do not indicate how long the patient has been on Xanax, but the treating physician indicates that the patient has been on unspecific medications for several years. The treatment notes do not indicate any symptoms of anxiety or other conditions that are appropriate for benzodiazepine. As such, the request for Xanax 0.25 mg is not medical necessary.

Mucinex DM as prescribed: 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/8452062>

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: Treatment of subacute and chronic cough in adults, Mucinex DM

Decision rationale: MTUS and ACOEM are silent specifically in regards to Mucinex DM, therefore other guidelines were utilized. Mucinex DM is an over the counter medication used to treat coughing and is classified as an antitussive/expectorant. UpToDate states, "The first priority for management of a patient with persistent cough is establishing an etiology, so that therapy can be directed at the underlying cause." The medical records do indicate a diagnosis of H pylori, but do not indicate any symptoms of coughing. Records also do not indicate any symptoms related chest congestion or difficulty with phlem, which would be appropriate for an expectorant to be used. As such, the request for Mucinex DM is not medically necessary.

Simethicone 125 mg as prescribed: 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/12197843> Aliment Pharmacol Ther. 2002 Sep;16(9):1641-8.

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: UpToDate, Simethicone

Decision rationale: MTUS and ACOEM are silent specifically in regards to simethicone, therefore other guidelines were utilized. Simethicone is an over the counter medication used to treat flatulence, bloating, pressure, and discomfort of gas. UpToDate states, "Simethicone, which causes gas bubbles to break and coalesce, is widely used for treating gaseous complaints. However, it has not been shown to be of benefit". Additionally, UpToDate recommends, "Dietary measures including the avoidance of foods that may contribute to the problem is an obvious initial step." and further suggests "Limiting dietary ingestion of known gas-producing foods such as cabbage, onions, broccoli, brussel sprouts, wheat, and potatoes should be recommended as a therapeutic trial." The medical records indicated subjective complaints of "GI check", but no other GI related symptoms were documented. A diagnosis of H Pylori was documented, but symptoms of flatulence, bloating, pressure or gas has not documented in the medical records. Additionally, the medical records do not document the first line treatment (dietary avoidance of trigger foods) and the results of the trial. As such, the request for Simethicone 125 mg is not medically necessary.