

Case Number:	CM14-0186377		
Date Assigned:	11/14/2014	Date of Injury:	08/07/2012
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 American Board of Family Practice 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 injured worker (IW) is a 64-year-old woman with a date of injury of August 7, 2012. The mechanism of injury occurred as a result of a trip and fall while working as a claims adjuster. She noted immediate pain to her neck, back, bilateral shoulders, right knee and right ankle. The IW has a history of shortness of breath and heart palpitations. She is treated through a cardiologist and was placed on several different heart medications. The IW reports that she developed shortness of breath, heart palpitations and vaginal bleeding as a result of an allergic reaction to an epidural steroid injection in December of 2012. A clinical note dated March 20, 2014 indicated that the IW has had hypertension since the 1980's. The IW had an internal medicine consultation by Dr. [REDACTED] on August 19, 2014. She was seen again for a follow-up on September 18, 2014. At that time, he reports that the cardiac examination was normal. Dr. [REDACTED] requested authorization for a cardiology consult, blood pressure monitor, Sentra AM, Sentra PM, Theramine, Losartan, and Bystolic. The IW checks her blood pressure on a regular basis and averages 130/72. She has a history of atrial fibrillation in January of 2013, and cardioversion in March of 2013. The IW has been diagnosed with cervical discopathy, carpal tunnel/double crush, bilateral shoulder internal derangement, lumbar segmental instability/radiculitis with generalized weakness, rule out internal derangement bilateral knees, plantar fasciitis, and electrodiagnostic evidence of L5-S1 radiculopathy. Current medications include Tizanidine, Cyclobenzaprine, Imitrex, Ondansertone, Omeprazole, and topical analgesic ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: 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), 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); Pain Section; Medical Foods

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra AM. #60 is not medically necessary. Sentra AM is a medical food. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. For additional details ODG. In this case, the requesting physician ordered Sentra AM. Medical foods are not recommended for chronic pain. The documentation does not support the Sentra AM consequently, Sentra AM is not medically necessary.

Sentra PM #60:

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), 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); Pain Section, Medical Foods

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra PM #60 is not medically necessary. Sentra PM is a medical food. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. For additional details ODG. In this case, the requesting physician ordered Sentra PM. Medical foods are not recommended for chronic pain. The documentation does not support the Sentra PM. Consequently, Sentra PM is not medically necessary.

Theramine #60: 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), 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); Pain Section, Medical foods

Decision rationale: Pursuant to the Official Disability Guidelines, Theramine #60 is not medically necessary. Theramine is a medical food. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. For additional details see ODG. In this case, the requesting physician ordered Theramine #60. Medical foods however are not recommended for chronic pain. Consequently, Theramine #60 is not medically necessary.

Blood Pressure Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association

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.nejm.org/doi/pdf/10.1056/NEJMvcm0800157>

Decision rationale: Pursuant to the New England Journal of Medicine, blood pressure monitor (for home use) is not medically necessary. Blood pressure measurement is indicated in any situation that requires assessment of cardiovascular health. For additional details see the attached link. In this case, the injured worker's blood pressure dates back to the 1980s. The date of injury is August 2012. Hypertension clearly predates the date of industrial injury. Additionally, there is no causal relationship between the injured worker's hypertension and the injury sustained as a result of the accident. Consequently, although a home blood pressure monitor might be helpful in observing the blood pressure while on antihypertensive medications it is not clinically indicated as a result of the industrial/work related injury. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, blood pressure monitor is not medically necessary.

Cardiology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, page 127

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); Consultations, Chapters 7, Page 207

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, cardiology consultation is not medically necessary. Consultation is designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. In this case, the injured worker has a history of atrial fibrillation that was deemed to be work related. The request for the internal medicine consultation was approved in a prior request for the atrial fibrillation. The cardiac examination was normal. (The worker was cardioverted in March of 2013). This new request is for a cardiology consultation. Other than for a routine follow up, there is no medical indication for the

injured worker to follow up with a cardiologist. Consequently, the cardiology consultation is not medically necessary.