

Case Number:	CM14-0202851		
Date Assigned:	12/15/2014	Date of Injury:	04/23/1998
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54 year-old female with the following dates of injury: March 1, 1995 to April 23, 1998; April 9, 2002 to April 9, 2003; and, April 19, 2005 to April 19, 2006. The patient's industrially related diagnoses include cumulative trauma to the neck, left shoulder, bilateral wrist, abdominal pain, acid reflux, constipation, bright red blood per rectum, rule out hemorrhoids secondary to constipation, hypertension, and sleep disorder. The injured worker underwent a cervical laminectomy and fusion in 2003, arthroscopic left shoulder surgery in 2008, and bilateral carpal tunnel release in 2010 and 2011. The disputed issues are referral to a plastic surgeon, urine toxicology screen, Citrucel# 120, Sentra PM #60 1 bottle, and compounded formulation of Flurbiprofen 20%/ Tramadol 20%/ Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%. A utilization review determination on 11/5/2014 had non-certified these requests. The stated rationale for the denial for referral to a plastic surgeon was: "The request is not reasonable because the rationale as to the medical necessity of a referral to a plastic surgeon is unclear." The stated rationale for the denial of a urine toxicology screen was: "The patient needs only one urine drug screen a year as cited by the guidelines. The medical necessity has not been established since the event documented urine drug screen was on 8/27/2014, consistent with prescribed medications. Therefore, the request for Toxicology Screen is not medically necessary and is non-certified." The stated rationale for the denial of Citrucel was: "The request is not reasonable given the patient has been approved for alternative laxatives within this referral." The stated rationale for the denial of Sentra PM was: "This request is not reasonable as there is no indication that there is a nutritional deficiency that could be addressed with medical food. There is no need for weaning, as this is a medical food. Therefore, the request is non-certified." Lastly, the stated rationale for the denial of the Flurbiprofen 20%/ Tramadol 20%/ Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% topical cream was: "The

request is not reasonable as there is no documentation that there has been failure of first line therapy. This is a topical mediation that does not require weaning. Therefore, the request is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 08/27/14 referral to a Plastic Surgeon: 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, 2004 page 127ODG- Pain

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

Decision rationale: In regards to the request for referral to a plastic surgeon for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the progress report dated 8/27/2014, the treating physician documented that the injured worker was being referred to a Plastic Surgeon, secondary to umbilical hernia on CT scan. However, physical exam revealed that the abdomen was soft with normative bowel sounds, no other positive findings were noted, and the treating physician did not provide any further documentation in the discussion to support the request for a referral to a specific plastic surgeon. Based on the lack of documentation, the medical necessity for the requested Plastic Surgeon cannot be established.

(Retro) DOS 08/27/14 Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. In the progress report dated 8/27/2014, the medication list did not include an

opiate medication and there was no documentation that the injured worker was taking or was prescribed an opiate pain medication. Furthermore, there was no documentation if and when a previous urine toxicology screen was performed and no documentation of current risk stratification to identify if the injured worker is at low, moderate, or high risk. Lastly, there was no statement indicating why the injured worker required the urine toxicology screen at the time of the request. Based on the lack of documentation, the medical necessity for the Urine Toxicology test on 8/27/2014 could not be established.

(Retro) DOS 08/27/14 Citrucel# 120: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for the oral bulk-forming laxative Citrucel (methylcellulose), California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation submitted for review, there were subjective complaints of abdominal pain, constipation, and bright red blood per rectum. The documentation indicates that the injured worker was prescribed Miralax, Colace, and Citrucel for the management of constipation. However, there is no statement indicating whether the injured worker has tried adequate hydration, well-balanced diet rich in fiber, and activity to reduce the complaints of constipation. Additionally, there was no documentation indicating that the injured worker has responded to Citrucel since constipation was noted to be unchanged. Lastly, the treating physician did not provide a rationale as to why the injured worker required three different agents (Miralax, Colace, and Citrucel) to treat the constipation. In the absence of such documentation, the medical necessity for Citrucel #120 could not be established.

(Retro) DOS 08/27/14 Sentra PM #60 1 bottle: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical food and Sentra PM.

Decision rationale: Regarding the request for Sentra PM, California MTUS does not address the issue. ODG cites that Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses. It is generally used for

digestive disorders in complementary medicine." Within the documentation submitted for review, although the injured worker was diagnosed with abdominal pain, there was no indication that the injured worker was diagnosed with a condition for which the components of Sentra PM are supported. In the absence of such documentation, the currently requested Sentra PM #60 is not medically necessary.

(Retro) DOS 08/27/14 Flurbiprofen 20%/ Tramadol 20%/ Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 113.

Decision rationale: Regarding the request for topical Flurbiprofen 20%/ Tramadol 20%/ Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%, Chronic Pain Medical Treatment Guidelines states that Gabapentin is not recommended because there is no peer-reviewed literature to support its use. The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Given these guidelines, the request for topical Flurbiprofen 20%/ Tramadol 20%/ Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% is not medically necessary.