

Case Number:	CM14-0204159		
Date Assigned:	12/16/2014	Date of Injury:	11/06/2009
Decision Date:	02/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/07/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 67 year old male with an injury date of 11/06/09. Per physician's progress report dated 09/19/14, the patient complains of right knee pain which has improved with the application of topical creams. He also suffers from right-sided weakness, hypertension and blurred vision. The patient has history of cerebrovascular hemorrhage with right-sided hemiparesis. In progress report dated 04/01/14, the patient rates the knee pain as 7/10. He states that it worsens with activity and improves with rest. The pain is worse in the morning. In neurological evaluation report dated 11/12/14, the patient complains of dizziness, occasional headaches, decreased memory, right-sided weakness and irritability. Diagnoses, as per ophthalmological evaluation dated 07/18/14, included Unspecified Pterygium, Nuclear Sclerosis, Hypermetropia, and Presbyopia. Medications, as per progress report dated 08/14/14, include Amlodipine, Flurbiprofen/Tramadol cream, Gabapentin/Amitriptyline/Dextromethorphan cream, and Sentra. The patient is retired, as per progress report dated 09/19/14. MRI of the Right Knee, 04/04/14, as per progress report dated 05/01/14:- Degenerative changes, most severe at patellofemoral compartment- Moderate trabecular bone edema of the lateral patellar facet- Linear fissure of the medial femoral condyle articular cartilage- Superficial fissure of the medial tibial plateau articular cartilage. Diagnoses, 09/19/14:- Abdominal pain- Weight loss, unsubstantiated at this time- Hypertension- Hyperlipidemia- Glucose intolerance- Psychiatric diagnosis- Orthopedic diagnosis- History of hemorrhagic stroke- Right-sided hemiparesis, secondary to stroke- Cephalgia, likely secondary to stroke- Memory impairment, likely secondary to stroke- Blurred vision, rule out industrial causation- Right knee pain to rule out osteoarthritis vs Industrial related injury. The treater is requesting for (a) ACCU-CHECK (b) NEUROLOGIST CONSULTATION (c) ORTHO CONSULT (d) OPHTHALMOLOGY CONSULTATION (e) URINE TOXICOLOGY (f) SENTRA AM QTY 60.00 (g) CARDIO-RESPIRATORY

TESTING. The utilization review determination being challenged is dated 12/05/14. Treatment reports were provided from 12/02/13 - 12/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accu-Check: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Diabetes (Types I, II and gestational), Glucose monitoring.

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Accu-Check. ODG guidelines, chapter 'Diabetes (Types I, II and gestational)' and topic 'Glucose monitoring', recommends "self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months." In this case, the patient reports that he has been diagnosed with Glucose Intolerance, as per progress report dated 09/19/14. However, there is no confirmation from a medical professional in this regard. There are no laboratory test reports related to glucose intolerance and the patient is not receiving any treatment for the condition, as per the available progress reports. Accu-Check testing was performed on at least 12/04/13, 03/11/14, 08/14/14 and 09/19/14 during the visit. While the result for the first test is not mentioned in the progress report, the fasting blood glucose level was 81mg/dL on 03/11/14, 90 mg/dL on 08/14/14, and 102mg/dL. All these values are within the normal range. The treater does not explain the need for Accu-Check. Additionally, it is not clear if the request is for a home monitoring system or for regular testing at the doctor's office. The reports lack information required to make a determination. This request is not medically necessary.

Neurologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 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) chapter 7, page 127, Consultation.

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Neurologist Consultation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation 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 patient is status post hypertensive intracerebral hemorrhage with subsequent evacuation (date not mentioned), as per progress report dated 05/14/14. He underwent initial neurological evaluation on the same date and has had several neurology visits since then with the last one being on 11/12/14. The patient does suffer from dizziness, occasional headaches, decreased memory, right-sided weakness and irritability, as per the latest neurology progress report. In the report, the treater also states that the patient is "awaiting proper authorization for neuropsychological evaluation (memory assessment)." Additionally, the patient's primary care physician states consistently in all reports, including the latest one available for review dated 09/19/14, that the patient is pending scheduling an appointment with [REDACTED] (another neurologist), "secondary to history of stroke and memory problems." There is no Request for Authorization form for this request. It is not clear why the patient needs multiple neurology evaluations. This request is not medically necessary.

Ortho consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 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) chapter 7, page 127, Consultation.

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Ortho Consult. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation 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 patient does suffer from pain in the right knee rated at 7/10 as per progress report dated 04/01/14. MRI of the Knee has revealed degenerative changes and edema. Expert advice from an orthopedician will benefit the patient and help manage the symptoms. Hence, request for orthopedic consultation from the primary care physician in progress report dated 09/19/14 appears reasonable. However, the UR denial letter states that the "An Ortho consultation was

approved on 09/10/14." There is no evidence to challenge the UR contention. If the patient already has an approval for Ortho consult, the request for another one is not medically necessary.

Urine Toxicology: 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 under opioid management Page(s): 77.

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Urine Toxicology.MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is suffering from right knee pain and is using Flurbiprofen/Tramadol cream for pain relief, as per progress report dated 09/19/14. None of the available progress reports mention oral opioid medications. Additionally the patient underwent a urine toxicology test on 03/11/14 and was negative for all the analytes tested. Another urine toxicology test was also ordered in progress report dated 05/01/14, and in progress report dated 09/19/14, the treater states that the test "is pending." The treater does not provide a risk assessment. It is not clear why patient needs multiple urine toxicology tests without use of opioids. The request appears excessive and is not medically necessary.

Sentra AM QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Sentra AM: <http://tmedpharma.com/docs/Medical-Foods-by-issacson.pdf>.

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Sentra AM Qty 60.00.MTUS, ACOEM, and ODG guidelines are silent of Sentra AM. As per a document

published at <http://tmedpharma.com/docs/Medical-Foods-by-issacson.pdf>, "Sentra AM is purely a cholinergic modulator, providing supplementation in choline and acetylcarnitine which are both acetylcholine precursors. Its claims include the ability to increase amounts of acetylcholine at the molecular level. Small double-blinded trials with emphasis on imaging data conducted by the manufacturer have demonstrated increased choline in the CNS of treated patients versus selected subjects. The indication thus spans entities as variable as fibromyalgia, sleep/arousal dysregulation syndromes and cognitive decline." In this case, the request for Sentra AM was first made in 07/17/19. While the treater does not explain the purpose, the patient does suffer from memory impairment, likely secondary to stroke. The patient also has sleep issues. "He scored 0 out of 24 on the Epworth Sleepiness Scale," as per AME report dated 12/05/14. However, none of the guidelines discuss the use of this medical food and no independent studies supporting its use could be found in medical literature. Hence, this request is not medically necessary.

Cardio-respiratory testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Clinical Policy Bulletin: Cardiopulmonary Exercise Testing

Decision rationale: The patient presents with right knee pain, right-sided weakness, hypertension and blurred vision and has a history of cerebrovascular hemorrhage with right-sided hemiparesis, as per progress report dated 09/19/14. The request is for Cardio-Respiratory Testing. Aetna considers cardiopulmonary exercise testing (CPET) medically necessary "after performance of standard testing, including echocardiography, and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation (6-minute walk test)." In this case, the patient has history of cerebrovascular hemorrhage with right-sided hemiparesis. He also suffers from hyperlipidemia and hypertension, as per progress report dated 11/19/14. A 2D echo with Doppler revealed trivial aortic insufficiency, trivial mitral and tricuspid regurgitation, and an estimated ejection factor of 70%, as per progress report dated 01/21/14. An EKG, dated 12/04/13, revealed sinus bradycardia and ventricular conduction delay, as per the same progress report. The treater requested for cardio-respiratory testing in progress report dated 09/19/14 but did not provide a reason. The patient underwent the test on 10/23/14 which revealed abnormal results. While MTUS, ACOEM and ODG guidelines are silent on cardio-respiratory testing, Aetna supports its use after standard testing. Hence, this request is medically necessary.