

<b>Case Number:</b>	CM15-0102158		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

### 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 70-year-old male, who sustained an industrial injury on 4/24/2003. He reported a tick bite. Diagnoses have included Lyme disease, Babesiosis, encephalopathy and Hashimoto thyroiditis. Treatment to date has included medication. According to the progress report dated 12/12/2014, the injured worker complained of concentration problems, bilateral tinnitus, fatigue, confusion, memory loss and cognitive problems. Objective findings included positive Lyme test, elevated liver function tests and a positive SPECT scan. Authorization was requested for lab studies: C4A, Complete Metabolic No Ration, CK Total, HNK1 (CD57) + CBC, Lyme Disease Genex, T4 + TSH, Lyme Western Blot IgM, Lyme Western Blot IgG, Duncani IgG and IgM Ab and medications: Dexilant, Armour Thyroid, Meloxicam and Azithromycin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Studies: C4A, Complete Metabolic No Ration, CK Total, HNK1 (CD57) + CBC, Lyme Disease Genex, T4 + TSH, Lyme Western Blot IgM, Lyme Western Blot IgG, Duncani IgG and IgM Ab: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Work-Relatedness, chapter 4, Page 65.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-25.

**Decision rationale:** The MTUS Guidelines do not address the issue of lab evaluation. Per the ACOEM, patient's are to have an up to date, complete history and physical with special attention to work-relatedness of complaints to better direct needed evaluations and management, initially and ongoing. For the patient of concern, there is no documentation of recent history or physical findings that would warrant further evaluation. The most recent progress note from the treating physician is dated 12/12/2014, and the plan in that clinic note was observation. Patient was to continue medications at that time, but there was no documentation of other needed evaluation. Without up to date documentation of patient condition including any deterioration, further evaluation, including Lab, is not medically indicated.

**Dexilant 60 MG #30:** Upheld

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

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

**Decision rationale:** Per the Guidelines, a patient at intermediate risk for gastrointestinal event, but at no risk from cardiovascular event, would need a non-selective non-steroidal anti-inflammatory drug, and Proton Pump Inhibitor, such as Dexilant, to protect stomach. Non-steroidal anti-inflammatory drugs do carry risks of gastrointestinal symptoms and cardiovascular and renal effects. The following questions should be taken into consideration when providing non-steroidal anti-inflammatory drugs for pain patients: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the records for the patient of concern, there is no updated clinical information available. Patient has a history of peptic ulcer disease, per most recent clinic note, 12/12/2014. However, there is no documentation of ongoing symptoms or resolution of symptoms with Dexilant. Furthermore, as it is not currently recommended for patient to continue non-steroidal anti-inflammatory drug use, and there is no current evidence to support need for Dexilant if patient is not taking non-steroidal anti-inflammatory drug, then the protective proton pump inhibitor, Dexilant, would not be medically necessary.

**Armour Thyroid 90 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-25.

**Decision rationale:** The MTUS Guidelines do not address this issue. Per the ACOEM, patient's are to have an up to date, complete history and physical with special attention to work-relatedness of complaints. For the patient of concern, there is no documentation of recent history or physical findings that would warrant further evaluation. There is no documentation that would support patient's hypothyroid as industrially induced, so not clear how treatment of the hypothyroid would be related to patient's previous work / injury. The most recent progress note from the treating physician is dated 12/12/2014, and the plan in that clinic note was observation. Patient was to continue medications at that time which included Armour thyroid. Without up to date documentation of patient condition including any deterioration, and without clear association of patient's hypothyroid with industrial incident, further treatment for this condition through this system is not medically indicated.

**Meloxicam 15 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

**Decision rationale:** Per the MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended as second line agents for pain, after trial of Acetaminophen, (particularly for those patients at risk for gastrointestinal events, cardiac events, and renal disease), to be taken at the lowest effective dose for shortest period of time. Non-steroidal anti-inflammatory drugs may be first line for moderate to severe pain, based on available evidence, though studies cannot consistently confirm that non-steroidal anti-inflammatory drugs are superior to Acetaminophen. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long-term management of neuropathic pain. For the patient of concern, no clinical documentation is provided that dates more recent than December 2014. Furthermore, the December 2014 documentation only briefly mentions "muscle aches" that are improved with Meloxicam. There is no documentation of objective pain ratings or improved function with the Meloxicam, and as above, there is no current documentation of any symptoms or improvement. Without evidence of continued pain issues and ongoing objective improvement in pain and function with Meloxicam, the Meloxicam would not be medically necessary.

**Azithromycin 250 MG #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), Infectious Diseases.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-25.

**Decision rationale:** The MTUS Guidelines do not address the issue of antibiotics for Lyme disease. While the ACOEM does not directly address the use of antibiotics for Lyme disease, a more general interpretation of the guidelines applies. Per the ACOEM, patient's are to have an up to date, complete history and physical with special attention to work-relatedness of complaints in order to best approach and manage conditions, initially and ongoing. For the patient of concern, there is no documentation of recent history or physical findings that would warrant further evaluation or treatment. The most recent progress note from the treating physician is dated 12/12/2014, and the plan in that clinic note was observation. Though patient has history of Lyme disease, the most recent note does not indicate any new or progressive symptoms that would suggest the need for repeat course antibiotics, and there is no documentation on patient condition since December 2014. Without up to date documentation of patient condition including any new or recurrent symptoms, the need for Aithromycin is not established.