

Case Number:	CM15-0018209		
Date Assigned:	02/06/2015	Date of Injury:	07/31/2010
Decision Date:	04/01/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on July 31, 2010. He has reported neck pain, cardiac problems, bilateral shoulder pain, anxiety and depression. The diagnoses have included anxiety, depression, hypertension, chest pain, shortness of breath, gastritis, constipation/diarrhea, dysphagia, headache, blurred vision, vertigo, bilateral arm and leg parasthesias, and sleep disorder. Treatment to date has included medications, cardiac evaluations, coronary artery bypass graft, imaging studies, and psychotherapy. A progress note dated November 19, 2014 indicates a chief complaint of continued anxiety and panic attacks. Physical examination showed epigastric tenderness with palpation. The treating physician requested Accu-check blood glucose test, abdominal ultrasound, carotid ultrasound, and prescriptions for HCTZ, Metoprolol, Colace, aspirin, Cozaar, Lipitor, Klonopin, Prilosec, Seroquel, and probiotics. On January 2, 2015 Utilization Review certified the request for the abdominal ultrasound, Accu-check blood glucose test, and prescriptions for HCTZ, Metoprolol, Colace, aspirin, Cozaar, Lipitor, and Klonopin. Utilization Review partially certified the request for a prescription for Prilosec with an adjustment in quantity. The Utilization Review denied the request for the carotid ultrasound and prescriptions for Seroquel and probiotics. The MTUS chronic pain medical treatment guidelines, ODG, and non-MTUS were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 11/19/2014 report, this patient's hypertension is stable with a blood pressure of 130/90 mmHg, noted improvement with his diabetes mellitus. The patient's history is remarkable for coronary artery bypass grafting in 2004, reflux esophagitis and internal hemorrhoids. The current request is for Prilosec 20 mg, QTY:60 and this medication was first noted in the 03/13/2014 report. The request for authorization is on 03/13/2014. The patient's work status is retired. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 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. MTUS further states Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In reviewing the provided reports show that the patient is currently not on NSAID and the the patient's current medications are Seroquel 200mg, HCTZ 25mg, Metoprolol 50mg, Prilosec 20mg, Colace 250mg, Probiotics, ASA 81mg, Cozaar 100mg, Lipitor 40mg, and Klonopin 0.5 mg . The treating physician mentions that the patient has a history of reflux esophagitis; however, it is not known if the reflux esophagitis is still ongoing or has resolved. In this case, the treating physician does not mention that the patient is currently struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request IS NOT medically necessary.

Probiotics, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on Medical Food.

Decision rationale: According to the 11/19/2014 report, this patient's hypertension is stable with a blood pressure of 130/90 mmHg, noted improvement with his diabetes mellitus. The patient's history is remarkable for coronary artery bypass grafting in 2004, reflux esophagitis and internal hemorrhoids. The current request is for Probiotics, QTY 60. The MTUS and ACOEM Guidelines do not address this request; however, ODG on medical food states that it is intended for a

specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. In this case, the treating physician does not provide a discussion as to why the patient needs probiotics. Given that the requested probiotics does not meet the criteria by the ODG Guidelines for medical food, the request IS NOT medically necessary.

Seroquel 200mg, QTY: 1: 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), Treatment/Disability Duration Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, a typical antipsychotic medications.

Decision rationale: According to the 11/19/2014 report, this patient's hypertension is stable with a blood pressure of 130/90 mmHg, noted improvement with his diabetes mellitus. The patient's history is remarkable for coronary artery bypass grafting in 2004, reflux esophagitis and internal hemorrhoids. The current request is for Seroquel 200mg, QTY:1. Regarding antipsychotic medications, ODG states Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The guidelines goes on and states off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013). Review of the provided reports show that the patient has been taking this medication since 08/06/2014. However, the treating physician provided no discussion on whether or not this medication is doing anything for the patient's pain and function. MTUS require documentation of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Carotid ultrasound, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin, Intravascular Ultrasound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayoclinic.org.

Decision rationale: According to the 11/19/2014 report, this patient's hypertension is stable with a blood pressure of 130/90 mmHg, noted improvement with his diabetes mellitus. The patient's history is remarkable for coronary artery bypass grafting in 2004, reflux esophagitis and internal hemorrhoids. The current request is for Carotid Ultrasound. The request for authorization is on 11/19/2014. Regarding Carotid Ultrasound, the Mayoclinic.org considers this test necessary for evaluation of HTN, DM, high cholesterol, family history of stroke or heart

disease, recent TIA, or abnormal sound in carotid arteries heard by the doctor. The medical records provided for review do not show any previous carotid ultrasound. The treating physician does not discuss why a carotid ultrasound is needed for the patient. The 2D Echo dated 09/15/2014 revealed normal left ventricular Systolic Function estimated ejection fraction of 51%, left atrial enlargement, calcification of Aortic valve leaflets, and trivial tricuspid valve regurgitation. No stroke or cardiac risk factors are discussed. In this case, the patient does not meet the criteria for a carotid ultrasound. The request IS NOT medically necessary.