MAXIMUS Federal Services

Case Number:	CM15-0139544		
Date Assigned:	07/29/2015	Date of Injury:	06/30/2002
Decision Date:	09/30/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old woman sustained an industrial injury on 6/30/2002. She apparently got injured while assisting children in a moon bounce. 3 adults had entered the bounce resulting in her being tossed in the air, she felt a pop in her left knee and landed on her right side. Diagnoses include abdominal pain, irritable bowel syndrome of post-traumatic stress, possible sleep apnea, morbid obesity, anxiety, depression, lumbar disk disease, fibromyalgia and right knee posterior cruciate ligament insufficiency. Treatment has included oral medications and surgical intervention. Physician notes dated 2/4/2015 show complaints of abdominal pain rated 5-6 out of 10. Future care and treatment should include dietary restrictions, Donnetal tablets, heating pad to the abdominal wall, and psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107. Decision based on Non-MTUS Citation UpToDate / Prozac (Fluoxetine).

Decision rationale: Prozac is a selective serotonin reuptake inhibitor (SSRI) which are frequently used as first-line antidepressants because of their efficacy, tolerability, and general safety in overdose. In addition, SSRIs treat anxiety, which is often part of depressive syndromes. Per the MTUS, SSRI's are "not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. A review of the injured workers medical records reveal that she is being treated with Prozac for depressive symptoms, this is appropriate and continued use is medically necessary.

Vitamin C #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/20689415.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") / Vitamin C.

Decision rationale: The MTUS / ACOEM did not address the use of Vitamin C in the injured worker, therefore other guidelines were consulted. Per the ODG, vitamin C is "recommended. A prospective, double-blind study showed that vitamin C was associated with a lower risk of RSD after wrist fractures. (Zollinger, 1999) Vitamin C reduces the prevalence of complex regional pain syndrome after wrist fractures. A daily dose of 500 mg for fifty days is recommended. The prevalence of complex regional pain syndrome was 2.4% in the vitamin C group and 10.1% in the placebo group." A review of the injured workers medical records that are available to me did not reveal a clear rationale for the use of vitamin C, without this information it is not possible to establish medical necessity, therefore the request for Vitamin C #30 is not medically necessary.

Clotrimazole cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/21725708.

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

Decision rationale: The MTUS / ACOEM and ODG did not address the use of clotrimazole in the injured worker, therefore other guidelines were consulted. Clotrimazole is an imidazole derivative antifungal agent. However a review of the injured workers medical records revealed a complaint of vaginal swelling, but did not reveal any supporting positive objective findings or

diagnosis of candidiasis or a fungal infection that would warrant the use of this medication, without this information medical necessity is not established, therefore the request for clotrimazole cream is not medically necessary.

Citracal Calcium $60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22991234.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate / calcium supplementation.

Decision rationale: The MTUS /ACOEM and ODG did not address the use of calcium supplementation therefore, other guidelines were consulted. Per Uptodate, Calcium supplementation is used in the management of hypocalcemia. "Hypocalcemia may be associated with a spectrum of clinical manifestations, ranging from few if any symptoms if the hypocalcemia is mild and/or chronic to severe life-threatening symptoms if it is severe and/or acute. Thus, the management of hypocalcemia depends upon the severity of symptoms. In patients with acute symptomatic hypocalcemia, intravenous (IV) calcium gluconate is the preferred therapy, whereas chronic hypocalcemia is treated with oral calcium and vitamin D supplements." However a review of the injured workers medical records that are available to me do not reveal a diagnosis and objective findings of hypocalcemia, Without this information medical necessity is not established, therefore the request for Citracal Calcium $60 is not medically necessary.

Diabetic test strips/lancets/swabs: 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), Diabetes, Glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Glucose monitoring.

Decision rationale: The MTUS / ACOEM did not address the use of glucose monitoring, therefore other guidelines were consulted. The ODG 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. A review of the injured workers medical records that are available to me did not reveal a diagnosis or objective findings of diabetes like an abnormal blood glucose or A1c, without this information it is not possible to establish medical necessity, therefore the request for Diabetic test strips/lancets/swabs is not medically necessary.

Hypertensa #90 2 bottles: 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, 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) Diabetes (Type 1, 2, and Gestational) / hypertension treatment, Pain (chronic) / Medical food.

Decision rationale: The MTUS / ODG did not address the use of Hypertensa, therefore other guidelines were consulted. The ODG recommends that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type 2 DM than in the general population, but it also predicts progression to DM. Once hypertension is diagnosed, an individual is 2.5 times more likely to receive a DM diagnosis within the next 5 years, and the combination of hypertension and DM magnifies the risk of DM- related complications. It is recommended that blood pressure in DM be controlled to levels of 130/80 mm Hg, starting with lifestyle modification and diet, and including medications. The issue as to whether any one class is superior to another is no longer part of the decision-making process because most patients with DM need at least 2 to 4 drugs to achieve target blood pressure. Agents such as angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are preferred given their renal and/or CVD benefits. Other agents such as vasodilating b-adrenergic blockers, calcium channel blockers, diuretics, and centrally-acting agents should be used as necessary. (Gerstein, 2011) (Handelsman, 2011) Therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Hypertensa is a medical food use in the treatment of hypertension, The FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain."No quality studies demonstrating the benefit of hypertensa were found, and there was no clear rationale in the injured workers medical records as to why other first line recommended treatments such as lifestyle, dietary modifications and pharmacological therapy were not working for the injured worker, without this information medical necessity is not established, therefore the request for Hypertensa #90 2 bottles is not medically necessary.

Accu-check blood glucose test: 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), Diabetes, Glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Glucose monitoring.

Decision rationale: The MTUS / ACOEM did not address the use of glucose monitoring, therefore other guidelines were consulted. The ODG 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. A review of the injured workers medical records that are available to me did not reveal a diagnosis or objective findings of diabetes like an abnormal blood glucose or A1c, without this information it is not possible to establish medical necessity, therefore the request for Accu-check blood glucose test is not medically necessary.