

Case Number:	CM15-0160888		
Date Assigned:	08/31/2015	Date of Injury:	04/23/1998
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 04-23-1998. There were no previous treatments included. Previous diagnostic studies were not included. Report dated 06-10-2015 noted that the injured worker presented with complaints that included abdominal pain and acid reflux. It was noted that blood pressures are controlled, bloating is improved, and headaches are unchanged. Physical examination did not reveal any abnormalities. Current diagnoses include abdominal pain, acid reflux-rule out ulcer-anatomical alteration, constipation, bright red blood per rectum-rule out hemorrhoids secondary to constipation, hypertension, sleep disorder, orthopedic diagnosis (referred to appropriate specialist), and psychiatric diagnosis (referred to appropriate specialist). The treatment plan included a GI profile and hypertension profile which are pending, request for medical records, requests for medications which include HCTZ, Lisinopril, Dexilant, ranitidine, Gaviscon, Colace, aspirin, Sentra AM, Theramine, and Trepadone, advised to avoid excessive use of non-steroidal anti-inflammatory drugs (NSAIDs), the injured worker is taking atorvastatin and levothyroxine through private insurance, pending authorization for gastrointestinal (GI) consultation and orthopedic consultation, advised on dietary recommendations, instructed to keep blood pressure diary, and follow up in 4 weeks. The injured work is placed on temporary total disability for 45 days. Disputed treatments include Dexilant 60mg #30, aspirin 81mg #30, Sentra AM #60 1 bottle, Theramine #60 2 bottles, Trepadone #90 2 bottles, and orthopedic consultation and translation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." In the report dated 06-10-2015 the physician documented that the injured worker was reported to have abdominal pain and acid reflux and was diagnosed with abdominal pain, acid reflux rule out ulceration/anatomical alteration and bright red blood per rectum, rule out hemorrhoids secondary to constipation. Per the ODG, products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) A review of the injured workers medical records did not reveal a failed trial of other first line recommended PPI's, without this information it is not possible to establish medical necessity, Therefore, the request for Dexilant 60mg, #30 is not medically necessary.

ASA 81mg #30: 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 (chronic) / Aspirin.

Decision rationale: The MTUS/ ACOEM did not address the use of aspirin therefore other guidelines were consulted. Per the ODG, "Aspirin is recommended. See Nonprescription medications; & Medications for acute pain (analgesics). Usual Adult Dose for Pain: 325 to 650 mg every 4 hours as needed, up to 3 grams per day in divided doses (spondyloarthropathies may

require up to 4 grams per day in divided doses). (FDA, 2012)" A review of the injured workers medical records reveal that aspirin is not being prescribed for pain but appears to be for cardiovascular prophylaxis, however, the medical records failed to reveal a rationale for the use of aspirin in this injured worker especially in light of her GI symptoms, without this information medical necessity is not established, therefore the request for ASA 81mg #30 is not medically necessary.

Sentra AM #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 Sentra Product info.

Decision rationale: The MTUS/ACOEM did not address the use of Sentra, therefore other guidelines were consulted. Sentra AM is a Medical Food that is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and cognitive impairment involving arousal, alertness and memory. There is no support for the use of medical food in the treatment of chronic pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item was not established. The request for Sentra AM #60 1 bottle is not medically necessary.

Theramine #60 2 bottles: 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 (Chronic), Theramine.

Decision rationale: The MTUS and ACOEM are silent. The Official Disability Guidelines (ODG), do not recommend for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The report dated 06-10-2015 does not provide a rationale for why this medical food is being prescribed. Since this is not recommended by the ODG medical necessity has not been established. Therefore the request for Theramine #60 2 bottles is not medically necessary.

Trepadone #90 2 bottles: 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 (Chronic), Trepadone.

Decision rationale: The MTUS and ACOEM are silent. The Official Disability Guidelines (ODG), do not recommend for the treatment of chronic pain. Not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. The report dated 06-10-2015 does not provide a rationale for why this medical food is being prescribed. Since this is not recommended by the ODG medical necessity has not been established. Therefore the request for Trepadone #90 2 bottles is not medically necessary.

Orthopedic consultation and translation services: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Per the MTUS/ ACOEM "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan." However a review of the injured workers medical records that are available to me did not reveal a clear rationale for an orthopedic consult, without this information medical necessity is not medically necessary.