

Case Number:	CM15-0166396		
Date Assigned:	09/18/2015	Date of Injury:	12/30/2009
Decision Date:	10/26/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: New York

Certification(s)/Specialty: Internal 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 48 year old male with an industrial injury documented 12-30-2009. Medical record review indicates he is being treated for gastric inlet patch, dysphagia - rule out secondary to acid reflux, gastritis status post H. Pylori treatment, internal hemorrhoids, hypertension, hyperlipidemia, minimal sleep breathing respiratory disorder, psychiatric, ortho complaints and chronic obstructive pulmonary disease. In the progress note (internal medicine) dated 06-08-2015 the treating physician documents the following: "Improving difficulty swallowing (improved with inhalers), unchanged acid reflux and constipation. He reports palpitations (only with activity). He reports improving hypertension with medication. He continues to note sleep problems (5-6 hours on average), and unchanged psychiatric complaints. The patient also reports random episodes of "bright lights" and blurred vision (occurs with tinnitus)." Physical exam documented the following findings: Blood pressure 115 over 74, cardiovascular - regular rate and rhythm, chest - mild expiratory wheeze in "CLL", abdomen - soft, non-tender to palpation and no guarding. Internal medicine progress note dated 02-26-2015 documented "The lungs are clear to auscultation." His medications included Prilosec, Dexilant, Gaviscon, Probiotics, ProAir HFR, Serevent Diskus and Anusol HC Suppositories. The provider documents the injured worker was advised to avoid taking non-steroidal anti-inflammatory drugs, advised to follow a low fat, low acid diet, adhere to a course of sleep hygiene and to increase fluid intake for regular bowel movement. The provider also recommended the injured worker follow up with his private medical doctor for a pulmonary consultation "secondary to severe obstruction and mild restriction revealed on pulmonary function test results." Review of

medical records does not indicate labs or lab results done prior to the 06-08-2015. The treatment request is for the following: Urine toxicology screen; Serevent Diskus 50 mcg x 2 refills; Probiotics #60 x 2 refills; ProAir HFA x 2 refills; Prilosec 20 mg #60 x 2 refills; Labs, HTN Profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, CBC); Labs, GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC); Gaviscon #60 x 2 refills; Dexilant 60 mg #30 x 2 refills; Anusol HC suppositories x 2 refills. On 08-06-2015 the request for the treatments listed below was non-certified by utilization review: Urine toxicology screen; Serevent Diskus 50 mcg x 2 refills; Probiotics #60 x 2 refills; ProAir HFA x 2 refills; Prilosec 20 mg #60 x 2 refills; Labs, HTN Profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, CBC); Labs, GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC); Gaviscon #60 x 2 refills; Dexilant 60 mg #30 x 2 refills; Anusol HC suppositories x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker has an Industrial related diagnosis of Dysphagia, secondary to reflux disease and Gastric inlet patch. Physician report indicates the injured worker has persistent symptoms of acid reflux. Until further evaluation, continuing treatment with Prilosec is reasonable and appropriate. The request for Prilosec 20mg #60 x 2 refills is medically necessary per MTUS guidelines.

Dexilant 60mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS

recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker has an Industrial related diagnosis of Dysphagia, possibly secondary to reflux disease and Gastric inlet patch. Physician report indicates the injured worker has persistent symptoms of acid reflux, already treated with Prilosec. There is not clear clinical rationale provided to support the use of two PPIs. The request for Dexilant 60mg #30 x 2 refills is not medically necessary per MTUS guidelines.

Gaviscon #60 x 2 refills: Overturned

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 <http://www.uptodate.com/contents/>.

Decision rationale: MTUS does not address this request. Gaviscon is an antacid used for heartburn, acid indigestion and GI upset associated with these symptoms. Documentation shows that the injured worker has an Industrial related diagnosis of Dysphagia, possibly secondary to reflux disease and Gastric inlet patch. Physician report indicates the injured worker has persistent symptoms of acid reflux, already treated with Prilosec. Until further evaluation, use of Gaviscon for breakthrough symptoms, is reasonable and appropriate. The request for Gaviscon #60 x 2 refills is medically necessary by guidelines.

Probiotics #60 x 2 refills: 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 <http://www.uptodate.com>, <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: MTUS does not address this request. Probiotics are live, nonpathogenic bacteria sold in fermented foods or dairy products as formulations. They are available over the counter and in health food stores. Although the injured worker has history of constipation, per guidelines, there is not sufficient data to recommend Probiotics in the management of severe constipation. The request for Probiotics #60 x 2 refills is not medically necessary.

ProAir HFA x 2 refills: Overturned

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) Pulmonary Procedure Summary, Albuterol (Ventolin).

Decision rationale: MTUS does not address this request. ODG recommends inhaled short-acting beta2-agonists as a first-line choice for asthma. Documentation provided indicates that the injured worker has an Industrial-related diagnosis of minimal sleep breathing respiratory disorder and chronic obstructive pulmonary disease, with notable expiratory wheezing on physical examination. The recommendation to use ProAir (Albuterol) as needed is appropriate. The request for ProAir HFA x 2 refills is medically necessary per guidelines.

Serevent Diskuss 50mcg x 2 refills: 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) Pulmonary Procedure Summary, Salmeterol (Serevent).

Decision rationale: MTUS does not address this request. Per ODG, inhaled long-acting beta2-agonists such as Serevent are recommended only in combination with inhaled corticosteroids as a first-line choice for Asthma. Documentation provided indicates that the injured worker has an Industrial-related diagnosis of minimal sleep breathing respiratory disorder and chronic obstructive pulmonary disease. There is no evidence that the injured worker is diagnosed with Asthma, or being prescribed an inhaled corticosteroid along with this long acting Beta2 agonist, as recommended by guidelines. The medical necessity for Serevent Diskus has not been established. The request for Serevent Diskus 50mcg x 2 refills is not medically necessary per guidelines.

Anusol HC suppositories x 2 refills: 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 <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: MTUS does not address this request. Anusol HC is indicated for the temporary relief of the swelling and discomfort of hemorrhoids and other rectal problems. The injured worker has history of constipation and internal hemorrhoids. Documentation fails to show active symptoms consistent with a diagnosis of external hemorrhoids or rectal problems. The request for Anusol HC suppositories x 2 refills is not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to demonstrate that the injured worker is at high risk of addiction or aberrant behavior and there is no evidence that an Opioid drug is being prescribed. With guidelines not being met, the request for Urine toxicology screen is not medically necessary.

Labs, HTN Profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, CBC): 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 <http://smartmedicine.acponline.org/content>, Hypertension.

Decision rationale: MTUS does not address this request. The American College of Physicians identifies patients with acute severe hypertension (usually BP 180/120 mm Hg, possibly lower levels in children and during pregnancy) as high-risk for imminent target organ damage or those presenting with new or ongoing target organ damage (hypertensive emergency). Per guidelines, EKG and lab tests, including serum electrolytes, creatinine, and lipid profile, and urinalysis, may be used to assess for target organ damage. The injured worker is diagnosed with Hypertension and Hyperlipidemia. Physician reports demonstrate Blood pressures are controlled. Documentation fails to show acute exacerbation of symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease. The medical necessity for ordering Thyroid function tests has not been established. The request for HTN Profile (UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, and CBC) is not medically necessary.

Labs, GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC): 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 <http://smartmedicine.acponline.org/>.

Decision rationale: MTUS does not address this request. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients on medication should have fasting lipid panel checked annually. Patients with any symptoms of liver toxicity should have liver enzymes and those with symptoms of muscle toxicity should have muscle enzymes checked. Documentation shows that the injured worker has history of Gastric inlet patch, Dysphagia secondary to gastroesophageal reflux, H. pylori, Hypertension and Hyperlipidemia. At the time of the requested service under review, physician report fails to show acute exacerbation of symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease. The medical necessity for ordering Thyroid function tests has not been established. The request for Labs, GI Profile (TSH, AML, LIPS, CMPR, HPYA, and CBC) is not medically necessary.