

<b>Case Number:</b>	CM15-0189828		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2015

### 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 55 year old female, who sustained an industrial injury on 8-14-2010. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome; lumbosacral strain, lumbosacral degenerative disc disease (DDD), and right knee flare up of osteoarthritis, gastritis, headache, sleep apnea and industrially related weight gain. Medical records dated 8-11-2015 indicate the injured worker complains of right wrist pain rated 3-5 out of 10 and radiating to the elbow with numbness and tingling, left wrist pain rated 4-7 out of 10 with numbness and tingling in the hand, low back pain rated 3-6 out of 10 with spasms and radiating to the right foot, right knee pain rated 5 out of 10 with swelling, popping, locking and giving out. She reports upset stomach related to medication, vertigo, ringing in the ears, double vision, anxiety, weight gain and depression. Physical exam dated 8-11-2015 notes ambulation with a limp, right knee support, swelling and decreased range of motion (ROM). The treating physician indicates "posterior medial and lateral joint line tenderness. McMurray is limited due to limited range of motion (ROM) but causes pain, medially and laterally. Varus-valgus is stable." Treatment to date has included psychiatric treatment, multiple magnetic resonance imaging (MRI) studies, Synvisc and steroid injections, and medication. The original utilization review dated 9-11-2015 indicates the request for cardio-respiratory labs, urinalysis, ophthalmology consult, ear, nose and throat consult, H pylori breath tests, Amlodipine 10mg #30, Benicar 40mg #30 and Prilosec 20mg #30 is certified and Hydrochlorothiazide 25mg #30, Fioricet 5-300-40 #30, Sentra AM 3 bottles #180, Sentra PM 3 bottles #180, urine toxicology screen and body mass index test is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hydrochlorothiazide 25mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation, current edition, accessed online, (updated 10/20/2010).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, hypertension treatment.

**Decision rationale:** MTUS is silent regarding the use of HCTZ so alternative guidelines were referenced. As per ODG guidelines for hypertension treatment "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." ODG indicates that thiazide diuretics such as HCTZ can be used as a first line, 3rd addition option in the treatment of hypertension. The documentation submitted doesn't indicate which if any other therapeutic treatments were attempted prior to the start of treatment with HCTZ and the effectiveness of any previous therapeutic measures that were attempted. Medical records indicate the injured worker had been advised to stop this medication. The requested treatment: Hydrochlorothiazide 25mg #30 is not medically necessary.

### **Floriset 5/300/40 #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** This prescription for Fioricet is evaluated in light of the Official Disability Guidelines (ODG) recommendations. Per ODG: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuses as well as rebound headache. The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012) There is no documentation in the submitted Medical records of the injured worker that this medication is relieving her symptoms. The Requested Treatment Fioricet 5/300/40 #30 is not medically necessary and appropriate.

**Sentra AM 3 bottles #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS), General Instructions, page 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter -- Medical Food.

**Decision rationale:** ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra is a medical food that contains choline barbitrate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Request does not specify frequency. The requested treatment is not medically appropriate.

**Sentra PM 3 bottles #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS), General Instructions, page 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter -- Medical Food.

**Decision rationale:** ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra is a medical food that contains choline barbitrate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records mention neither any rationale, nor any documentation of deficiency. Request does not specify frequency. The requested treatment: Sentra PM 3 bottles #180 is not medically necessary appropriate.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Urine Drug Testing (UDT).

**Decision rationale:** As per MTUS, before a Therapeutic Trial of Opioids, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met, therefore, the request for Urine Toxicology Screen is not medically necessary.

**Body mass index test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation, current edition, accessed online, (updated 10/20/2010).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cdc.gov/healthyweight/assessing/bmi/>.

**Decision rationale:** Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual. BMI is part of office evaluation, therefore, the requested treatment: Body mass index test is not medically necessary.