Case Number:	CM15-0192934		
Date Assigned:	10/07/2015	Date of Injury:	06/10/2013
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 6-10-13. The injured worker has complaints of abdominal pain. The injured worker has a history of peptic ulcer disease, abdominal pain and gastroesophageal reflux disease. Abdomen soft and there is some mild-to-moderate tenderness over the upper part of the abdomen and epigastric area and there is also some tenderness along the other part of the abdomen of minimal degree but there is not hepatosplenomegaly. The relates the onset of experiencing upper abdominal burning pain, intermittent nausea and reflux symptoms in 2013 was when she was prescribed non-steroidal anti-inflammatory medication for her neck and shoulder pain. The diagnoses have included abdominal pain and heartburn. Treatment to date has included non-steroidal anti-inflammatory medications; physical therapy; acupuncture; epidural injection; Dexilant and other antacid and H2 blocks used for mild-to-moderate heartburn and endoscope procedures found to have gastric ulcer; The documentation on the Panel Qualified Medical Examiner on 9-3-15 noted that the injured workers currently medications was listed as tramadol as needed for pain; gabapentin for fibromyalgia; Cymbalta for depression and Lisinopril for hypertension. Colonoscopy in February 2015 demonstrated no structural abnormality of the colon. Upper gastrointestinal endoscopy on 9-29-13 having found to have gastric ulcer with active gastritis and there was no bleeding. The original utilization review (9-24-15) non-certified the request for hyroid-stimulating hormone (TSH); acute myelogenous leukemia (AML); comprehensive metabolic panel (CMP); helicobacter pylori IgG antibody (HPYA); complete blood count (complete blood count) and Sentra AM 3 bottles #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072598/.

Decision rationale: The request is for a thyroid function lab testing. The MTUS and official disability guidelines do not shed light on this matter. Alternative resources were use as listed. In this case, the testing requested is not evidence-based. This is secondary to inadequate documentation of historical and physical exam findings suggestive of thyroid dysfunction. Pending receipt of this information, the request is not medically necessary.

AML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072041/.

Decision rationale: The request is for an AML lab test. The MTUS and official disability guidelines do not shed light on this matter. Alternative resources were use as listed. In this case, the testing requested is not evidence-based. This is secondary to inadequate documentation of historical and physical exam findings suggestive of acute myeloid leukemia. Pending receipt of this information, the request is not medically necessary.

CMPR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AACN Clin Issues. 2004 Oct-Dec; 15 (4): 582-94.

Decision rationale: The request is for comprehensive metabolic lab testing. The MTUS and official disability guidelines do not shed light on this matter. Alternative resources were use as listed. In this case, the testing requested is not evidence-based. This is secondary to inadequate documentation of historical and physical exam findings suggestive of hepatic or pancreatic dysfunction. Pending receipt of this information, the request is not medically necessary.

HPYA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072041/.

Decision rationale: The request is for H. Pylori lab testing. The MTUS and official disability guidelines do not shed light on this matter. Alternative resources were use as listed. In this case, the testing requested is not evidence-based. This is secondary to the patient having already undergone endoscopy. As such, the request is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15586162.

Decision rationale: The request is for a complete blood count profile lab testing. The MTUS and official disability guidelines do not shed light on this matter. Alternative resources were use as listed. In this case, the testing requested is not evidence-based. This is secondary to inadequate documentation of historical and physical exam findings suggestive of infection, anemia, or platelet dysfunction. Pending receipt of this information, the request is not medically necessary.

Sentra AM 3 bottles #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 09/08/15) - Online Version, 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) Pain/Sentra.

Decision rationale: The request is for the use of Sentra, which is a blend of multiple supplements. The Official Disability Guidelines state the following regarding this topic: Not recommended. Sentra PM is a medical food from [redacted], intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, gingko biloba, and acetyl L-Carnitine. See Medical food, Choline, Glutamic Acid, & 5-hydroxytryptophan. In this case, the use of this medication is not indicated. As stated above, there is limited evidence to support its effectiveness. As such, the request is not medically necessary.