

<b>Case Number:</b>	CM15-0207777		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/13/1992
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Family Practice

### 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 63 year old woman sustained an industrial injury on 3-13-1992. Diagnoses include pernicious anemia, disorders of magnesium metabolism, iron deficiency anemia secondary to inadequate dietary intake, and other digestive system complications. Treatment has included oral medications. Physician notes dated 9-16-2015 show complaints of persistent heartburn and low back pain with worsening right leg radiculopathy. No physical examination is documented for this visit. Recommendations include refill syringe for continued monthly intramuscular injection of B12, start Magnesium Oxide, start Ferrous sulfate elixir, refill Nexium, and follow up in three months. Utilization Review denied requests for pharmacy purchase of 3mL syringe Qty: 12 refills, magnesium tablets, and ferrous sulfate liquid on 9-25-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3ML LL Symg MIS 25GX1 #12:** 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 [www.skilledcare.com](http://www.skilledcare.com).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the use of medical devices such as a syringe for injection. The 3 ML LL Syringe MIS is (as noted in the referenced medical supply catalogue) a device used to deliver a specific medication to a patient via a 25 gauge needle. The medical records do not provide sufficient information as to the medication to be injected with this device. Without more specific information as to the name of the medication, the dose, the route of administration and the frequency of use, providing a 3 ML LL Syringe with a 25 gauge needle is not medically necessary.

**Magnesium 250mg #30 with 3 refills:** 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, Somnicin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yu, Alan SL. Evaluation and treatment of hypomagnesemia. In Up-To-Date (accessed at [www.uptodate.com](http://www.uptodate.com)).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the use of supplemental magnesium as a treatment modality. The reference source, Up-To-Date, was used to address this request. This chapter states that patient's at risk for hypomagnesemia should undergo an assessment for the underlying cause. Causes of low serum magnesium include the following: gastrointestinal losses, chronic use of proton pump inhibitors, renal losses (often due to medications that cause magnesium wasting), alcohol abuse, uncontrolled diabetes and hypercalcemia. If the etiology is not apparent from the patient's history, further assessment should be done with specific testing to include a 24-hour urine magnesium assay. When discovered, the underlying cause of the hypomagnesemia should be corrected before considering replacement therapy. In this case, the diagnosis provided is "disorder of magnesium metabolism;" however, there is no evidence in the medical records that there has been a search for the underlying cause. Without evidence for a search for the underlying cause, there is insufficient support for the long-term use of a magnesium supplement. For this reason, magnesium 250 mg tablets are not medically necessary at this time.

**Ferrous sul liq 220/5mg 300 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Endocrinologists, Obesity Society, American Society for Metabolic & Bariatric Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrier, Stanley L. Causes and diagnosis of iron deficiency anemia in adults. In Up-To-Date (accessed at [www.uptodate.com](http://www.uptodate.com)).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the use of Ferrous Sulfate as a treatment modality. Therefore, the resource Up-To-Date was used to assess this request. Ferrous Sulfate is used to treat iron deficiency anemia. Iron deficiency anemia is commonly identified by a low serum ferritin or other iron studies. This chapter states that in patients determined to have iron deficiency anemia should undergo an assessment for the underlying cause of the anemia. Iron deficiency anemia may be due to inadequate dietary intake, gastrointestinal blood loss, atrophic gastritis, celiac disease, medications that impair the absorption of iron, menometrorrhagia and gastric bypass for morbid obesity. In the management of patients with iron deficiency anemia, there should be evidence of a search for the underlying cause. In patients requiring iron therapy the general principle is to provide oral iron. The recommended dose of treatment of iron deficiency is in the range of 150 to 200 mg/day of elemental iron. As an example, a 325 mg dose of a ferrous sulfate tablet taken three times a day is commonly used for adults. There is no evidence that any specific iron preparation is more effective than another. The duration of therapy will depend on the extent of the iron deficiency as well as other co-morbid conditions and whether the underlying cause has been addressed. Replacement therapy will typically take 3-6 months. In this case, there is insufficient evidence that the patient has had testing to confirm iron deficiency anemia. Further, there is insufficient evidence that the patient has undergone an evaluation as to the underlying cause of the anemia. Finally, the records do not demonstrate that there has been monitoring to assess the effect of treatment and a documented plan for duration of therapy. For these reasons, the use of Ferrous Sulfate Liquid is not medically necessary at this time.

**Esomepra mag 40mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, to include esomeprazole. Proton pump inhibitors are typically used to treat patients taking NSAIDs who are deemed to be at risk for serious gastrointestinal side effects. These side effects include: GI bleeding, ulcers and perforation. The guidelines state that clinicians should weight the indications for NSAIDs against these GI risk factors. The risk factors include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there is no evidence that the patient is on a chronic NSAID. Further, there is no evidence that the patient has the above cited risk factors. Given the insufficient documentation in support of the need for a proton pump inhibitor, the use of esomeprazole is not medically necessary at this time.