MAXIMUS Federal Services

Case Number:	CM15-0209894		
Date Assigned:	11/03/2015	Date of Injury:	07/27/2013
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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 60 year old male who sustained an industrial injury 07-27-13. A review of the medical records reveals the injured worker is undergoing treatment for hypertension, partial paralysis on the left side of the face and body, chemical exposure, cephalgia, shortness of breath, abdominal pain, acid reflux, constipation-diarrhea, psychiatric diagnosis, and hyperlipidemia. Medical records (08-13-15) reveal the injured worker reports improving headaches, controlled blood pressure, and deny chest pain, shortness of breath and reports abdominal pain and acid reflux controlled with medications. The physical exam (08-27-15) reveals clear lungs, no dullness to percussion, rales, or wheezes. No rubs or gallops are noted. Abdomen is soft with normoactive bowel sounds. No clubbing, cyanosis, or edema is noted in the extremities. Prior treatments are not available. The original utilization review (08-13-15) non certified the requests for lab work including GLYH, CMPR, CBD, and LIPA, as well as a barium enema with a GI series, pulmonary function testing, and ophthalmology and gastroenterology consultations. Also non certified are the following medications: Vitamin D 50,000 units #5 with 2 refills, Fioricet #60 with 2 refills, Losartan 50mg #30 with 2 refills, Probiotics #60 with 2 refills, Crestor 5mg #30 with 2 refills, and Amlodipine 5mg #30 with 2 refills. There is no explanation in the submitted documentation for the lab work or diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test: GLYH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labstestonline.org/understanding/features/reliability.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content, www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. The hemoglobin A1C test is a blood test that reflects a patient's average blood sugar level for the past two to three months. This test is used to diagnose diabetes and to monitor diabetes control. The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Documentation provided shows that the injured worker has Hypertension that is controlled on current medication regimen. Physician report and previous lab results fail to show clinical evidence to support the suspicion or diagnosis of Diabetes. The request for GLYH is not medically necessary per guidelines.

Lab test: CMPR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labstestonline.org/understanding/features/reliability.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content.

Decision rationale: MTUS does not request this request. The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Per guidelines, creatinine, urinalysis, retinal exam may be screened annually, and ECG may be considered if there are unexplained symptoms or poor BP control. Patients on certain medications, including diuretics, ACE inhibitors, Angiotensin Receptor Blockers, and mineralocorticoid antagonists (spironolactone) should have potassium, creatinine, and other electrolytes monitored for potential side effects. Documentation shows that the injured worker has Hypertension, treated with Amlodipine and Losartan (an ARB). The recommendation for comprehensive profile testing is reasonable. The request for Lab test: CMPR is medically necessary per guidelines.

Lab test: CBD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labstestonline.org/understanding/features/reliability.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided shows that the injured worker has Hypertension. Documentation at the time of the request under review, fails to show evidence of NSAID use or active clinical conditions that would warrant additional testing. The request for Lab test: CBD is not medically necessary by guidelines.

Lab test: LIPA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labstestonline.org/understanding/features/reliability.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content.

Decision rationale: MTUS does not address this request. The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing my include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation reveals that the injured worker is diagnosed with Hypertension and Hyperlipidemia. Physician reports fail to support that this injured worker is at risk level high enough to support the medical necessity for checking lipoprotein-(a). The request for Lab test: LIPA is not medically necessary by guidelines.

Barium enema with upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation John Hopkins Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/.

Decision rationale: MTUS does not address this request. Per guidelines, Barium swallow or Upper GI studies should not be performed to diagnose Gastroesophageal reflux disease (GERD). The study may be useful if goal is to define anatomy of esophagus or identify complications of GERD (stricture, especially in the evaluation of dysphagia (difficulty swallowing). Documentation shows that the injured worker has history of GERD, with complains of reflux and abdominal pain. Physician report fails to show objective clinical findings on physical exam to support the recommendation for Barium enema with Upper GI series. Furthermore, there is no report of dysphagia noted. The request for Barium enema with upper GI series is not medically necessary.

Amlodipine 5mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Amlodipine.

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

Decision rationale: MTUS does not address this request. Amlodipine is in a class of medications called calcium channel blockers. This medication may be used alone or in combination with other medications to treat high blood pressure and chest pain (angina). Documentation provided shows that the injured worker is diagnosed with Hypertension, which is well controlled on current medication regimen. The medical necessity for ongoing use of Amlodipine is established. The request for Amlodipine 5mg #30 with 2 refills is medically necessary.

Crestor 5mg#30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Crestor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines www.nlm.nih.gov/medlineplus/.

Decision rationale: MTUS does not address this request. ODG does not recommend Statins as a first-line treatment for diabetics, because recent FDA-approved labeling change states that taking a statin can raise blood sugar and Hemoglobin A1C levels. Statins are used in the treatment of Hyperlipidemia in combination with lifestyle changes including diet and exercise. Documentation provided shows that the injured worker is diagnosed with Hypertension and Hyperlipidemia and physician report shows a recommendation for dietary restriction. The medical necessity for ongoing use of Crestor is established. The request for Crestor 5mg#30 with 2 refills is medically necessary.

Probiotics #60 BID for 30 day supply with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information (NCBI), Probiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, 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. Per guidelines, there is not sufficient data to recommend probiotics in the management of severe constipation. Although documentation indicates that the injured worker has history of constipation and diarrhea, there is insufficient evidence of objective improvement with the use of Probiotics. The request for Probiotics #60 BID for 30 day supply with 2 refills is not medically necessary per guidelines.

Losartan 50mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Losartan.

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

Decision rationale: MTUS does not address this request. Losartan is in a class of medications called angiotensin II receptor antagonists. It is used alone or in combination with other medications to treat high blood pressure. Documentation provided indicates that the injured worker has Hypertension, which is controlled on current medication regimen, supporting the medical necessity for ongoing use of Lisinopril. The request for Losartan 50mg #30 with 2 refills is medically necessary by guidelines.

Fioricet #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Fioricet is Barbiturate-containing analgesic agent commonly used to treat acute headache. MTUS does not recommend Barbiturate-containing analgesic agents (BCAs) for chronic pain. There is a risk of medication overuse as well as rebound headache. Guidelines further caution about the increased potential for drug dependence with these drugs. The injured worker is diagnosed with chronic headaches, which is improving. Documentation fails to show evidence of acute exacerbation to establish the medical necessity for the ongoing use of Fioricet. The request for Fioricet #60 with 2 refills is not medically necessary per MTUS guidelines.

Vitamin D 50,000 IU every week for 5 weeks with 2 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 chapter: Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/vitamind.html.

Decision rationale: MTUS does not address this request. Vitamin D can be supplemented through the skin, from dietary sources, and from supplements. Vitamin D is naturally absorbed after exposure to sunlight. Laboratory report provided for review indicates the injured worker's Vitamin D level had prior Vitamin D deficiency. Documentation fails to show updated report to establish the medical necessity for additional high-dose Vitamin D supplementation, with the option of using over-the-counter Vitamin D. The request for Vitamin D 50,000 IU every week for 5 weeks with 2 refills is not medically necessary.

GI consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7- Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Documentation shows that the injured worker has history of GERD, with complains of reflux and abdominal pain. Physician report fails to show any red flags on physical exam to support and there is no evidence that the Primary treating physician has complete initial evaluation and management. The medical necessity for Gastroenterology referral has not been established. The request for GI consult is not medically necessary.

Ophthalmology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 -Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker is diagnosed with Hypertension. At the time of the requested service under review, physician report failed to demonstrate acute illness or a specific clinical symptom to support the medical necessity for Ophthalmology evaluation. The request for Ophthalmology consult is not medically necessary.

Pulmonary Function Testing (PFT): 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), Pulmonary chapter: Pulmonary function testing.

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, Pulmonary function testing and Other Medical Treatment Guidelines smartmedicine.acponline.org/, www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Lung function test (Spirometry) is an office test used to assess how well the lungs work by measuring how much air a patient inhales, exhales and how quickly the patient exhales. Per guidelines, Spirometry is used to diagnose asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing. Spirometry may also be used periodically to assess treatment for a chronic lung conditions. ODG recommends Pulmonary Function testing for the diagnosis and management of chronic lung diseases. The injured worker is diagnosed with history of shortness of breath. At the time of the requested service under review, documentation shows that lung examination is unremarkable and there is no evidence of acute respiratory distress. There is no additional physician report indicating that the injured worker has active lung disease to support to warrant the need for Pulmonary Function Testing. The request for Pulmonary Function Testing (PFT) is not medically necessary.