

Case Number:	CM15-0029557		
Date Assigned:	02/23/2015	Date of Injury:	01/07/2003
Decision Date:	04/16/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, California, Florida
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 1/7/03. He reported right shoulder, arm and neck. The injured worker was diagnosed as having gastroesophageal reflux disease, secondary to stress and medication, gastritis, hiatal hernia, status post H pylori treatment, constipation, secondary to narcotic medication, bright red blood per rectum, secondary to constipation, post-traumatic weight gain, hypertension, hyperlipidemia, glucose intolerance, mild proteinuria, sleep disorder and chest pain. Treatment to date has included overnight EEG study. Currently, the injured worker states he has no chest pain, improving constipation and denies gastroesophageal reflux disease (controlled with medications), bloating, and no change in his hypertension (mostly controlled) and denies bright red blood per rectum and shortness of breath at this time. The following treatments are recommended EKG, 2D echo with Doppler, blood pressure monitor, Sentra, Nexium, Gaviscon, Simethicone and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Automatic blood pressure monitor QTY:1.00 (computerized blood pressure monitor) retrospective 12/11/14: 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 Bates, Guide to Physical Examination and History Taking, Eighth Edition, Lynn S. Bickley. Lippincott, page 76.

Decision rationale: Per the definitive Bates reference, there is no need for automatic blood pressure measuring; simple sphygmomanometers are sufficient. Moreover, blood pressure machines are readily available in pharmacies and other common locations. The need for measurement of blood pressure is ill defined in this case, and it is not clear why it could not be done by other means. The clinical necessity for an automatic means to measure blood pressure is superfluous and clinically unnecessary.

Electrocardiogram report QTY:1.00 (EKG) retrospective 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (updated 12/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor <http://www.mdguidelines.com/electrocardiogram>.

Decision rationale: Per the Medical Disability Advisor citation, the ECG (also known as EKG) is essential in the diagnosis of various disease conditions of the heart, including coronary artery disease (angina and heart attack), disturbances in heart rhythm (arrhythmias), disturbances in electrical conduction (heart blocks), thickening of the heart muscle, or acute inflammation of the membrane that covers the heart (acute pericarditis). It can be used to determine whether heart damage is due to a recent heart attack (myocardial infarction) or an old one. The procedure is commonly performed during routine periodic physical examination. In this case, there is no chest pain of a cardiac nature, and no cardiac issues. The clinical necessity of doing this test is not apparent from the medical records provided. This request is appropriately not certified as being clinically necessary for the claimant's condition.

Echo exam of heart QTY:1.00 (2D echo with doppler) retrospective 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (updated 12/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/echocardiography>.

Decision rationale: Per the Medical Disability Advisor, echocardiography is useful in the diagnosis of many types of cardiac disorders including valvular disease, heart muscle disease

(cardiomyopathy), and coronary artery disease. It is also helpful in assessing the severity of these diseases and the prognosis. Since it is a noninvasive procedure, repeated examinations can be performed without risk in order to follow an individual's progress and assess the effectiveness of treatment. Other uses of echocardiography include detection of masses inside the heart (tumors, blood clots), diagnosis of aortic disease (aortic aneurysm, aortic dissection), and detection of fluid around the heart (pericardial effusion as seen in pericarditis). In this case, there is no evidence of cardiac issues. There is no chest pain or other cardiorespiratory issues. This request is appropriately not certified as being clinically necessary for the claimant's condition.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Pain, Medical Foods.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.

Drug screen, qualitative; multiple drug classes chromatographic method, each procedure QTY:1.00 (urine toxicology screening) retrospective 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria.

Lab pathology consultation QTY:1.00 (labs (HTN, A1C, and GI profiles) retrospective 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (updated 12/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): and Chapter 7, page 127.

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the laboratory consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified.

Sudoscans and cardio-respiratory testing retrospective 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (updated 12/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sudoscans as a Diagnostic Tool for Diabetic and Idiopathic Peripheral Neuropathy in Neurology April 8, 2014 vol. 82 no. 10 Supplement P7.003 and <http://www.mdguidelines.com/coronary-atherosclerosis>.

Decision rationale: In the evidence based peer reviewed study cited, Sudoscans testing, which is reported as a diagnostic tool for idiopathic and diabetic distal symmetric polyneuropathy, was compared with skin biopsy with measurement of intraepidermal nerve fiber density. Sudoscans is claimed to be an alternative means of evaluating sudomotor function. A low voltage potential of varying current is applied to electrodes on which the hands and feet are placed. Chloride from sweat glands is extracted producing a current (electrochemical skin conductance ESC). These findings suggest Sudoscans is a promising diagnostic test for diabetic and idiopathic DSP, with diagnostic performance similar to skin biopsy of the nerves. However, it is experimental in nature, and not broadly studied. As such, its use in general workers compensation populations is not validated. Moreover, there is no evidence the claimant has the conditions or could have the conditions for which this test is designed. The request is appropriately non certified. Cardiorespiratory testing is a broad term; which could encompass a wide variety of tests. For

example, for coronary atherosclerosis alone, cited above, many tests exist for that purpose alone. The intent of these tests in this claimant is ill defined in this case. In this case, there is no evidence of cardiac issues or cardiorespiratory symptoms noted. This request is appropriately not certified as being clinically necessary for the claimant's condition.

Gaviscon (1 bottle) with 2 refills Retrospective 12/11/2014: 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 Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Gaviscon.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. The ODG were also silent. Per the Physician Desk Reference, Gaviscon is Aluminum Hydroxide/Magnesium Carbonate. It is an antacid for relieving heartburn and upset stomach. There are renal and hepatic considerations that need to be addressed for this medicine. Caution should be used in renal impairment or volume depletion. Gastrointestinal bleeding is a contraindication. It is not clear if these issues were completely vetted in the records, and it was not clear that the medicine could be safely used by the claimant. Also, the clinical need for the agent was not clear from the records provided. The claimant currently reported no chest pain or GI symptoms, and denied gastrointestinal reflux disease at the time of the review. There is no clinical need currently for the medicine. The request was appropriately non-certified.

Simethicone 80mg #60 with 2 refills Retrospective 12/11/2014: 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 X Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Simethicone.

Decision rationale: Again, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. The ODG were also silent. Simethicone per the Physician Desk Reference, is for the condition of flatulence. It works by altering gas bubble surface tension. It was not clear from the records that the condition of flatulence was present, or if was of any clinical consequence. It is not primarily intended for gastric reflux. Also, the clinical need for the agent was not clear from the records provided. The claimant reported no chest pain or GI symptoms at the time of the review, and denied gastrointestinal reflux disease. There is no clinical need currently for the medicine. The request is appropriately non-certified.

Sentra AM #60 (3 bottles) Retrospective 12/11/2014: 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, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Medical Food.

Decision rationale: Regarding Sentra AM, the ODG notes under Pain, Medical Food: Sentra AM: [The substance] contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is no evidence this claimant had a deficiency in these and other components of Sentra AM. The request was appropriately non-certified under the evidence-based review.

Sentra PM #60 (3 bottles) Retrospective 12/11/2014: 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, Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Medical food.

Decision rationale: Sentra PM likewise contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The patient does not meet this criterion. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. This request was appropriately non-certified under evidence-based review.