

Case Number:	CM15-0056057		
Date Assigned:	04/16/2015	Date of Injury:	11/17/2012
Decision Date:	06/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 11/17/2012. The mechanism of injury reportedly occurred while the injured worker was transferring an individual from a wheelchair into a lounge chair, and the injured worker felt a stabbing pain in the right side of the lower back. The diagnoses included cervical and lumbar radiculopathy/degenerative disc disease/spondylosis. Her treatments have included medications, acupuncture, cervical epidural steroid injections to C4-5, and physical therapy. Diagnostic studies included magnetic resonance imaging of the right hip performed on 05/19/2013, with unremarkable findings, MRI of the cervical spine performed on 05/19/2013, with findings of a C3-4 degenerative disc disease with 2.2 mm broad based right lateral recess disc protrusion indenting the cord, producing neuroforaminal stenosis, with right uncovertebral arthrosis contributing to the stenosis; C4-5 degenerative disc disease and 2.2 mm broad based right lateral recess disc protrusion indenting the cord, producing right neuroforaminal stenosis, with right uncovertebral arthrosis contributing to the stenosis; C5-6 degenerative disc disease and 1.0 mm central canal protrusion indenting the cord; nonspecific bilateral maxillary sinus disease; an upper thoracic disc herniations. An MRI of the right shoulder performed on 06/19/2013, with findings of acromioclavicular osteoarthritis with no other abnormalities noted. Her surgical history was noncontributory. The injured worker presented on 03/24/2015, with complaints of low back and neck pain. The injured worker described her low back pain as dull, sharp, and burning. The pain radiates to the right leg, and the symptoms are aggravated by exertion, walking, bending, and standing. The pain is relieved by rest. The clinical note further indicates that the injured worker

stated that Motrin has helped, but the Lidoderm patches helped a lot in reducing her back pain. The injured worker rated her neck pain an 8/10 in severity, described as aching, shooting, and throbbing, radiating to the right arm greater than left arm. The injured worker reported that the symptoms are aggravated by turning her head. The injured worker complained of insomnia due to pain, back pain, right leg pain, stiffness, anxiety and depression. The injured worker denied abdominal pain, melena, nausea, vomiting, diarrhea, or reflux. Upon physical examination, the injured worker was noted to have give way weakness to the right hip upon flexion and knee extension, right shoulder abduction was at 4/5. The injured worker had a positive straight leg raise at 30 degrees on the right. Reflexes to the right knee were 1/ 2, and there was tenderness noted to the paraspinal musculature. Her current medication regimen included Lidoderm patch, ibuprofen. The treatment plan included recommendations for a trigger point injection to the paraspinal musculature, transaminer cervical epidural C4-5, a prescription for Lidoderm patch, and ibuprofen, continued physical therapy, and return to clinic in 4 weeks. A rationale for the request was not submitted. A Request for Authorization form was not submitted in the documentation for review. The injured worker (IW) is a 55-year-old female who sustained an industrial injury on 11/17/2012. Diagnoses include cervical and lumbar radiculopathy/ degenerative disc disease/spondylosis. Treatment to date has included medications, acupuncture, cervical epidural steroid injections and physical therapy. Diagnostics performed to date included MRIs. According to the Supplemental Status Report on Pain Management Progress dated 10/27/14, the IW reported neck, mid-back and low back pain, as well as pain in the upper and lower extremities. A request was made for EKG; chest x-rays; Prilosec 20mg, #30; Gaviscon (1 bottle) Simethicone 80mg, #60; Probiotics #60; Medrox patches, #45; Ferrous sulfate 325mg and medical food: Theramine #60 (6 bottles); Sentra AM #60 (3 bottles); Trepadone #90 (4 bottles); the rationale for the request was not available for review due to the absence of records from the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: 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/pubmedhealth/PMH0004319/>.

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: Springer.com Rifkin, Erik, and Andrew Lazris. Annual Exam. Interpreting Health Benefits and Risks. Springer International Publishing, 2015. 147-159.

Decision rationale: The request for EKG is not medically necessary. The injured worker has low back and neck pain. The article cited indicated that visits for an annual exam including regular screening labs, urine test, mental exams, skin exams, aneurysm exams, carotid artery exams, and a routine EKG. The documentation submitted for review failed to provide evidence of the injured worker being needing an annual exam. Given the above, the request as submitted does not meet medical necessity. As such, the request for EKG is not medically necessary.

Chest X-Rays: 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/20928990> Routine chest X-ray on hospital admission: does it contribute to diagnosis or treatment.

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: Hopkinsmedicine.org What is a chest X-ray Chest X-rays may provide important information regarding the size, shape, contour, and anatomic location of the heart, lungs, bronchi, great vessels (aorta, aortic arch, pulmonary arteries), mediastinum (an area in the middle of the chest separating the lungs), and the bones (cervical and thoracic spine, clavicles, shoulder girdle, and ribs). Changes in the normal structure of the heart, lungs, and/or lung vessels may indicate disease or other conditions.

Decision rationale: The request for chest x-rays is not medically necessary. The injured worker has low back and neck pain. The John Hopkin's Medicine Health Library states that chest x-rays may provide important information regarding the size, shape, contour, and anatomic location of the heart, lungs, bronchi, great vessels, mediastinum, and the bones. Additionally, chest x-rays may show changes in the normal structure of the heart, lungs, and/or lung vessels that may indicate disease or other conditions. The documentation submitted for review failed to provide evidence that the injured worker was at risk for or had symptoms of cardiac abnormalities. Given the above, the request for chest x-ray is not medically necessary.

Prilosec 20mg daily #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg daily #30 with 2 refills is not medically necessary. The injured worker has low back and neck pain. The California MTUS Treatment Guidelines recommend a proton pump inhibitors for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The documentation submitted for review failed to provide evidence that the injured worker was at risk for a gastrointestinal events. Additionally, the documentation submitted for review indicated that the injured worker was scheduled to return for a follow-up evaluation in 4 weeks, thereby negating the necessity for 2 additional refills until further evaluation. Given the above, the request in its entirety is not medically necessary. As such, the request for Prilosec 20 mg daily #30 with 2 refills is not medically necessary.

Gaviscon 1 bottle 1 Tbs tid with 2 refills: 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/21434379> Using gaviscon preparation for relief of esophageal, extra esophageal syndromes and functional dyspepsia in elderly patients with GERD.

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: Drugs.com.

Decision rationale: The request for Gaviscon 1 bottle 1 Tbs tid with 2 refills is not medically necessary. The injured worker has low back and neck pain. Drugs.com states that Gaviscon is used for treating acid indigestion, heartburn, and sour stomach. The documentation submitted for review failed to provide evidence of the injured worker having complaints of acid indigestion, heartburn, or sour stomach. Additionally, the documentation submitted for review provided evidence that the injured worker was scheduled to return in 4 weeks for a follow-up, thereby negating the necessity for 2 additional refills until further evaluation. Given the above, the request for Gaviscon 1 bottle 1 Tbs tid with 2 refills is not medically necessary.

Simethicone 80mg #60 bid with 2 refills: 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/pubmedhealth/PMHT0012122/?report=details>.

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: Drugs.com.

Decision rationale: The request for Simethicone 80mg #60 bid with 2 refills is not medically necessary. The injured worker has low back and neck pain. Drugs.com states that simethicone is used to relieve painful pressure caused by excess gas in the stomach and intestines. The documentation submitted for review failed to provide evidence that the injured worker had complaints of excess gas. Furthermore, the documentation submitted for review failed to provide evidence of the injured worker complaining of any gastrointestinal symptoms. Furthermore, the documentation submitted for review provides evidence that the injured worker was scheduled to return to the clinic in 4 weeks, thereby negating the necessity for 2 additional refills until further evaluation. As such, the request for Simethicone 80mg #60 bid with 2 refills is not medically necessary.

Probiotics #60 one tab bid with 2 refills: 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/21069873> Probiotics for treating acute infectious diarrhea.

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: Drugs.com.

Decision rationale: The request for Probiotics #60 one tab bid with 2 refills is not medically necessary. The injured worker has low back and neck pain. Drugs.com states that probiotics are live micro-organisms taken orally to treat disturbance in normal flora. Disturbance of normal microflora can cause disease such as diarrhea. Probiotics can improve the intestinal microflora and prevent disease causing bacteria or fungi to proliferate. The documentation submitted for review failed to provide evidence of the injured worker having gastrointestinal symptoms indicating a disturbance of the normal flora. Additionally, the documentation submitted for review provided evidence that the injured worker denied any gastrointestinal symptoms. Furthermore, the documentation submitted for review provided evidence that the injured worker was scheduled to follow-up in 4 weeks for a re-evaluation, thereby negating the medical necessity of 2 additional refills until further evaluation. Given the above, the request for Probiotics #60 one tab bid with 2 refills is not medically necessary.

Medrox patches #45 as directed for pain with 2 refills: Upheld

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

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: Drugs.com.

Decision rationale: The request for Medrox patches #45 as directed for pain with 2 refills is not medically necessary. The injured worker has low back and neck pain. Drugs.com states that medroxyprogesterone treats conditions such as absent or irregular menstrual periods. The documentation submitted for review failed to provide evidence of the injured worker having absent or irregular menstrual periods or abnormal uterine bleeding. Additionally, the documentation submitted for review indicated that the injured worker was scheduled to return to the clinic in 4 weeks for further evaluation, thereby negating the medical necessity for 2 additional refills until further evaluation. Given the above, the request for Medrox patches #45 as directed for pain with 2 refills is not medically necessary.

Ferrous Sulfate 325mg daily with food and 2 refills: 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/18670706> Treatment and prevention of anemia with ferrous sulfate plus folic acid in children attending daycare centers in Golnia, Goia State, Brazil: a randomized controlled trial.

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: Drugs.com.

Decision rationale: The request for Ferrous Sulfate 325mg daily with food and 2 refills is not medically necessary. The injured worker has low back and neck pain. Drugs.com states that ferrous sulfate is used to treat iron deficiency anemia. The documentation submitted for review failed to provide evidence of the injured worker having a diagnosis of iron deficiency anemia. Additionally, the documentation submitted for review provided evidence that the injured worker was scheduled to return in 4 weeks for a follow-up evaluation, thereby negating the necessity for 2 additional refills until further evaluation. Given the above, the request for Ferrous Sulfate 325mg daily with food and 2 refills is not medically necessary.

Medical food: Theramine #60, 6 bottles; Sentra AM #60, 3 bottles; Trepadone #90, 4 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/10/15) 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, Medical food.

Decision rationale: The request for Medical food: Theramine #60, 6 bottles; Sentra AM #60, 3 bottles; Trepadone #90, 4 bottles is not medically necessary. The injured worker has low back and neck pain. The Official Disability Guidelines do not recommend medical food for chronic pain. Furthermore, the Official Disability Guidelines do not specifically recommend Theramine, Sentra, and Trepadone. Additionally, the documentation submitted for review provided evidence that the injured worker was scheduled to return for a followup in 4 weeks for re-evaluation, thereby negating the necessity for multiple bottles until further evaluation. Given the above, the request in its entirety is not supported. As such, the request for Medical food: Theramine #60, 6 bottles; Sentra AM #60, 3 bottles; Trepadone #90, 4 bottles is not medically necessary.