

Case Number:	CM15-0082948		
Date Assigned:	05/05/2015	Date of Injury:	12/30/2009
Decision Date:	09/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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 48 year old male, who sustained an industrial injury on 12/30/2009. Diagnoses include carpal tunnel syndrome wrist (median nerve), right wrist status post carpal tunnel release, cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, and rotator cuff syndrome shoulder. Treatment to date has included diagnostics, surgical intervention (right carpal tunnel release), medications and work modification. Per the Primary Treating Physician's Progress Report dated 4/03/2015, the injured worker reported lower back, bilateral lower extremity and left shoulder and upper extremity pain. He reported numbness and tingling in the right and left anterior and posterior hands approximately 50% of the time. Physical examination revealed decreased ranges of motion of the cervical spine, left shoulder, right wrist and lumbar spine. There was a positive impingement test and Spurling's test on the left. The plan of care included medications, physiotherapy and diagnostic tests and authorization was requested for Dexilant, Prilosec, Gaviscon, probiotics, ProAir, Serevent discus, Anusol, Sentra AM, Gabadone, electrocardiogram (EKG), chest x-ray, pulmonary function test and 2D echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30 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)-TWC Pain Procedure Summary Online Version last updated 04/06/2015.

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker reports improving symptoms of acid reflux. Physician report shows this is already being treated with twice daily dosing of Prilosec. The medical necessity for additional PPI therapy has not been established. The request for Dexilant 60mg #30 with 2 refills is not medically necessary per guidelines.

Probiotics #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 01/21/2012; National Institutes of Health, NCAM (National Center for Complementary and Alternative Medicine) last updated 01/04/2012 <http://nccam.nih.gov/health/probiotics>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com><http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Probiotics are live, non-pathogenic 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. Documentation indicates that the injured worker has history of constipation, which is improving. The request for Probiotics #60 with 2 refills is not medically necessary.

ProAir HFA #1 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Procedure Summary, Albuterol (Ventolin).

Decision rationale: ODG recommends inhaled short-acting beta2-agonists as a first-line choice for asthma. The injured worker is diagnosed with Minimal Sleep breathing Respiratory Disorder. Physician report fails to demonstrate a diagnosis of Asthma and at the time of the requested service under review, there was no complain of shortness of breath or wheezing. The medical necessity for Proair has not been established. The request for ProAir HFA #1 with 2 refills is not medically necessary.

Serevent Diskus 50mcg #1 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)- TWC Pulmonary Procedure Summary Online Version last updated 07/29/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Procedure Summary, Salmeterol (Serevent).

Decision rationale: Per ODG, inhaled long-acting beta2-agonists such as Serevent are recommended only in combination with inhaled corticosteroids as a first-line choice for Asthma. The injured worker is diagnosed with Minimal Sleep breathing Respiratory Disorder. Physician report fails to demonstrate a diagnosis of Asthma and at the time of the requested service under review, there was no complain of shortness of breath or wheezing. The medical necessity for Serevent Diskus has not been established. The request for Serevent Diskus 50mcg #1 with 2 refills is not medically necessary.

Anusol HC suppositories x one month 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 <http://reference.medscape.com/drug/anusol-hc-cortifoam-hydrocortisone-rectal-342079>; <http://www.drugs.com/cdi/anusol-hc-suppositories.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Anusol HC is indicated for the temporary relief of the swelling and discomfort of hemorrhoids and other rectal problems. The injured worker has history of constipation and internal hemorrhoids. Documentation shows that the constipation is improving and there is no diagnosis of rectal problems or external hemorrhoids. The request for Anusol HC suppositories x one-month supply with 2 refills is not medically necessary.

Sentra AM #60 x 3 bottles: 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)-TWC Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food, Medications, Sentra PM.

Decision rationale: Sentra PM is a medical food 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, ginkgo biloba, and acetyl L-carnitine. Per ODG, medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation shows that the injured worker has sleep problems. There is no objective evidence provided to support the medical necessity for a medical food in the presence of established treatment guidelines utilizing prescription medications. The request for Sentra AM #60 x 3 bottles is not medically necessary.

Gabadone #60 x 3 bottles: 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)-TWC Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: Gabadone is a Medical food used to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. It contains combination of choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. ODG does not recommend the use of Gabadone. The injured worker is reported as having sleep problems. The use of Gabadone is however not recommended by guidelines. The request for Gabadone #60 x 3 bottles is not medically necessary by ODG.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1894014-overview> last updated 10/03/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.acponline.org/http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is

diagnosed with Hypertension. At the time the EKG in question was ordered, documentation failed to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request for EKG is not medically necessary.

Chest X-ray: 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)-TWC Pulmonary Procedure Summary Online Version last updated 07/29/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Procedure Summary, Radiography (diagnostic) and Other Medical Treatment Guidelines <http://www.uptodate.com/contents/>.

Decision rationale: Per guidelines, a chest radiograph should be considered as part of the initial evaluation of chronic cough, especially if upper airway cough syndrome, asthma, or gastroesophageal reflux disease, are not considered clinically likely. ODG recommends chest x-ray in patients presenting with acute illness meeting certain criteria, including rapid heart rate, fever, respiratory distress and with physical findings suggesting consolidation such as egophany or fremitus. Documentation at the time of the requested service under review fails to demonstrate acute respiratory illness or other clinical concern to establish the medical necessity for Chest X- ray. The request for Chest X-ray is not medically necessary.

Pulmonary function test: 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)-TWC Pulmonary Procedure Summary Online Version last updated 07/29/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Procedure Summary, Pulmonary function testing and Other Medical Treatment Guidelines <http://smartmedicine.acponline.org/http://www.mayoclinic.org/>.

Decision rationale: 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 chronic lung conditions. ODG recommends Pulmonary Function testing for the diagnosis and management of chronic lung diseases. Physician reports fail to demonstrate that the injured worker is diagnosed with Asthma or chronic obstructive pulmonary disease (COPD) and at the time of the requested service under review, there was no evidence of acute illness that would warrant the recommendation for pulmonary function testing. The request for pulmonary function test is not medically necessary.

2D Echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed. p. 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
<http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

Decision rationale: An ECHO (Echocardiogram) is an ultrasound picture of the heart used to diagnose Valvular Heart disease, by checking the heart valves or chambers and the ability of the heart to pump. Documentation indicated that the injured worker's chronic medical condition of Hypertension is stable and there was no acute illness noted that would justify additional cardiac testing. The request for 2D Echo is not medically necessary.