

Case Number:	CM14-0112388		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2012
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 years old female with an injury date on 09/14/2012. Based on the 05/20/2014 progress report provided by [REDACTED], the diagnoses are: 1. Abdominal pain 2. Acid reflux, rule out ulcer/anatomical alteration 3. constipation/diarrhea, rule out irritable bowel syndrome 4. Bright red blood per rectum, rule out hemorrhoids secondary to constipation 5. Sleep disorder According to this report, the patient present with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality." The patient states "medication has been helpful." Cardiovascular findings indicate regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. Abdomen reveals soft, normoactive bowel sounds. An EKG dated 04/22/2014 revealed normal ECG. Abdominal ultrasound was negative; unknown date of procedure. There were no other significant findings noted on this report. The utilization review denied the request on 06/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/2013 to 07/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep disordered breathing respiratory study: 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 Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Polysomnography.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality." The treating physician is requesting Sleep disordered breathing respiratory study. The MTUS and ACOEM Guidelines do not address sleep study; therefore, ODG Guidelines are used. ODG states sleep studies are recommended when there indications of (1) Excessive daytime somnolence; (2) Cataplexy; (3) Morning headache; (4) Intellectual deterioration; (5) Personality change; & (6) Insomnia complaint for at least six months." The 04/22/2014 report indicated the "patient denies any sleep apnea" but does suffer from insomnia. The 11/01/2013 report state "she sleeps four to five hours at a time per night." Review of records show the patient has had insomnia for at least 6months but there is no documentation of excessive daytime somnolence, cataplexy, morning HA's, intellectual deterioration or personality changes. Given the above the request is not medically necessary.

Labs - GI profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 194.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality." The treating physician is requesting Labs-GI profile. ACOEM chapter 9 states "recommends laboratory studies if there are red flags for subacute cardiac or circulatory disease, fracture, tumor, inflammation, hepatobiliary disease." The records show that the patient is doing well. The treating physician does not indicate why labs are being ordered and what is being ordered. There are no red flag conditions. Given the above the request is not medically necessary.

EKG: 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 Official Disability Guidelines (ODG) Cardiac safety and EKG monitoring: Methadone use is associated with an increased risk for QT prolongation and torsade de pointes (TdP). Patients who are at most risk for TdP include those on high daily methadone doses, those who take medications that cause QTc prolongation or inhibit CYP34A enzymes, and patients with electrolyte imbalances (low magnesium or potassium). There is no

current evidence to firmly advise EKG monitoring when prescribing methadone. Expert opinion includes the use of an EKG for doses of methadone > 100 mg/day or if there are factors that may lead to prolonged QTc intervals (such as underlying cardiac disease). If the QTc interval is > 500 ms methadone should be weaned. (Peng, 2008) Others have suggested EKGs in patients over the age of 40 years and during dose stabilization in "high risk" patients, and a recent consensus guideline recommended a pretreatment EKG to measure QTc interval in all patients prescribed methadone, with a repeat in 30 days and then annually. (Krantz, 2009) Overall, there appears to be a high "tolerance" for EKG monitoring and particularly if there is a history of arrhythmia, syncope, or structural heart disease, or if seizures of syncope develop after initiation of treatment. See also Opioids for general guidelines, as well as specific Methadone (Dolophine, Methadose) listing for more information and references.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality." The treating physician is requesting EKG. The MTUS and ACOEM Guidelines do not require EKG; therefore, ODG Guidelines are used. ODG states "Cardiac safety and EKG monitoring: Methadone use is associated with an increased risk for QT prolongation and torsade de pointes (TdP)." The guidelines further state "there appears to be a high "tolerance" for EKG monitoring and particularly if there is a history of arrhythmia, syncope, or structural heart disease, or if seizures of syncope." The 04/22/2014 report indicated the "patient denies any chest pain, hypertension, syncope, malignant arrhythmias, palpitation, coronary artery disease, heart attack, or heart murmur." Review of reports does not show Methadone use in the patient and the patient is not present with cardiac issue such as arrhythmia, syncope, or structural heart disease. Given the above the request is not medically necessary.

Abdominal ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>, Abdominal ultrasound.

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: Ultrasound, Abdomen American College of Radiology guidelines one Ultrasound of Abdomen: http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Abdomen_Retro.pdf II. INDICATIONS/CONTRAINDICATIONS A. Indications for ultrasound examination of the abdomen and/or retroperitoneum include, but are not limited to [1]: 1. Abdominal, flank, and/or back pain. 2. Signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions, such as jaundice or hematuria. 3. Palpable abnormalities such as an abdominal mass or organomegaly. 4. Abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology. 5. Follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum. 6. Search for metastatic disease or occult primary neoplasm. 7. Evaluation of suspected congenital abnormalities. 8. Abdominal trauma. 9. Pretransplantation and post-transplantation evaluation. 10. Planning for and guiding an invasive procedure. 11. Search for the presence of free or loculated peritoneal and/or retroperitoneal fluid. 12. Suspicion of hypertrophic pyloric stenosis or

intussusception. 13. Evaluation of urinary tract infection. B. Abdominal and/or retroperitoneal ultrasound should be performed when there is a valid medical reason. There are no absolute contraindications.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality."The treater is requesting abdominal ultrasound. The MTUS, ACOEM, and ODG Guidelines do not address abdominal ultrasound; therefore, American College of Radiology guidelines are used. The guidelines state ultrasound may indicates when there (1) Abdominal, flank, and/or back pain; (2) Palpable abnormalities such as an abdominal mass or organomegaly; and (3) Abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology. Review of reports show normoactive bowel sounds and soft abdomen. However, the patient does present with abdominal pain and bright red blood per rectum is noted. In this case the requested abdominal ultrasound appears reasonable. Given the above the request is medically necessary.

Compound cream, Flurbiprofen 20%, Tramadol 20% in Mediderm base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs Page(s): 111-113.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality."The treater is requesting Compound cream, Flurbiprofen 20%, Tramadol 20% in mediderm base. Regarding topical creams in general, MTUS states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents." MTUS then discusses various topicals with their indications. However, there is no discussion specific to Tramadol. ODG guidelines do not discuss Tramadol topical either. Given the lack of the guidelines discussion and lack of evidence, this request is not medically necessary.

Compound cream, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs Page(s): 111-113.

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality."The treater is requesting Compound cream, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in mediderm base. Regarding topical compounds, MTUS Guidelines state "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case Gabapentin and Amitriptyline are not recommended in a topical formulation. Given the above the request is not medically necessary.

Sentra PM #60, 2 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.

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

Decision rationale: According to the 05/20/2014 report by [REDACTED] this patient presents with "improving abdominal pain, acid reflux, constipation and diarrhea, as well as sleep quality."The treating physician is requesting Sentra PM #60, 2 bottles. The ODG guidelines states that, "Sentra PM is a medical food from [REDACTED], [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." ODG further states that for each ingredient: for choline, "There is no known medical need for choline supplementation"; for Glutamic Acid, "This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine"; for 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." In this case, choline, and ingredient in Sentra PM is not supported by ODG guidelines. Given the above the request is not medically necessary.