

<b>Case Number:</b>	CM14-0177947		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 40-year-old man with a date of injury of November 28, 2007. The IW states he was kneeling on his right knee to unscrew the bottom part of a panel that weighted approximately 200 pounds. The panel fell on him, knocking him unconscious for an unrecalled amount of time. He reported injuries to his neck and lower back. He started having frequent headaches. Later he reported having numbness in both of his upper and lower extremities. Pertinent interim medical history documented in the September 8, 2014 note revealed: A pain management specialist last examined the IW on July 16, 2014 in which he has been prescribed analgesic medications, and a lumbar epidural injection, which provided some relief. The IW indicates a weight loss of approximately 35 pounds. He attributes the weight loss to lack of exercise and lack of appetite due to pain. In late 2008, the IW began to experience gastrointestinal symptoms, such as abdominal pain, acid reflux, nausea, vomiting, diarrhea, constipation, and bright red blood per rectum. There was no documentation as to the work-up that was performed in relation to the injured worker's gastrointestinal complaints in 2008. However, there is documentation that indicated an endoscopy and colonoscopy was performed dated February 20, 2013. The results were undisclosed. The progress note dated September 8, 2014 indicated that the IW was diagnosed with hemorrhoids, but it is unclear when that diagnosis was made. Pursuant to the internal medicine progress note dated September 8, 2014, the IW complains of chest pain; rule out cardiac vs. GI vs. anxiety; abdominal pain; constipation/diarrhea, rule out irritable bowel syndrome; bright red blood per rectum; and gastroesophageal reflux disease/gastropathy, secondary to stress. Deferred complaints include: Weight loss; left atrial enlargement; palpitations; sleep disorder, rule out obstructive sleep apnea (OSA); and splenomegaly (deferred to private medical doctor). Physical examination reveals regular heart rate and heart rhythm. Blood pressure: 123/76, heart rate: 63 bpm. The IW had 1+

epigastric and right upper quadrant abdominal tenderness. There were no other pertinent findings documented. The IW was diagnosed with abdominal pain; acid reflux; constipation/diarrhea; bright red blood per rectum; chest pain, rule-out cardiac vs. GI vs. anxiety. Deferred diagnoses include: Weight loss; left atrial enlargement; palpitations; sleep disorder, rule out OSA; and splenomegaly. Medication supplied at the September 8, 2014 visit includes: Nexium 40mg, Gaviscon, Probiotics, Bentyl, and compound topical creams. The IW was instructed to follow a low-acid diet, adhere to a regimen of sleep hygiene, and GI consult was ordered.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nexium 40mg #30: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI, GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Nexium 40 mg #30 is not medically necessary. Nexium is a proton pump inhibitor. Proton pump inhibitors are indicated when the patient is at risk for G.I. related events. Risks include, but are not limited to age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids are anticoagulants or high-dose multiple nonsteroidal anti-inflammatory drugs. Omeprazole and Nexium proton pump inhibitors. Omeprazole provides greater asset control. Prilosec is also more affordable for Nexium. Nexium is not available in generic form. The guidelines recommend a trial of omeprazole prior to Nexium. In this case, Nexium is not indicated at this time. The guideline supports the use of Omeprazole in patients at risk for gastrointestinal events. Medical record indicates the injured worker is at risk for gastrointestinal events. The guidelines recommend a trial of Omeprazole prior to Nexium. Consequently, Nexium 40 mg #30 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Nexium 40 mg #30 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 <http://circ.ahajournals.org/content/110/17/2721.full>

**Decision rationale:** Pursuant to the AHA, Scientific Statement; Practice Standards for Electrocardiographic Monitoring in Hospital Setting, the EKG is not medically necessary. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not

provide any guidelines of scientific evidence to support the use of an EKG. An EKG is a test that checks for problems with the electrical activity of the heart. It is also used in preoperative testing. In this case and electrocardiogram is not indicated. The medical records showed no clinical evidence or heart related exam that the patient may have an undetected condition to warrant an EKG evaluation. The injured worker is not undergoing preoperative clearance. Review of systems, taken during the history and physical examination did not show any heart related findings. The medical records did reveal ongoing abdominal issues; however an EKG is not indicated to assess chest pain at this time. Consequently, an EKG is not medically necessary.

**Lab: GI profile, HTN profile, and Vitamin D:** 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: <http://adc.bmj.com/content/73/4/354.short>

**Decision rationale:** Pursuant to research article, Indications for Investigation of Chronic Gastrointestinal Symptoms, the G.I. profile is not medically necessary. See the attached link for additional details. California Medical Treatment Utilization Schedule and Official Disability Guidelines fail to show any scientific evidence to support the use of G.I. profile, hypertension profile and vitamin D. In this case the initial reviewer determined additional information was necessary in order to render a decision. The query included what specific tests are included in a GI profile and hypertension profile with regard to the request. The additional information was not received in the reviewer recommended the request be noncertified. A review of the record indicates complaints of abdominal pain, reflux, nausea, and vomiting, bright red blood per rectum, prior colonoscopy, and chest pain date back to 2008. It is unclear from the record why additional workup is being performed in 2014. Consequently, based on the missing requested information and the poor documentation, the G.I. profile, hypertension profile and Vitamin D is not medically necessary.

**2D Echo:** 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: [http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/cardiovascular/echocardiogram\\_92,P07969/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_92,P07969/)

**Decision rationale:** Pursuant to Hopkins Medicine, echocardiogram (see attached link for additional details), the 2-D echocardiogram is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM guidelines and the Official Disability Guidelines do

not provide recommendations for the use of a 2-D (dimensional) echocardiogram in the management of chest pain. Two-dimensional echo was a test in which ultrasound is used to picture out the heart. It provides a cross-sectional slice of the beating heart, including the chambers, valves and major blood vessels that exit from the left and right part of the heart. In this case, to the echocardiogram is not indicated. The injured worker reports subjective findings of chest pain. The symptoms date back to 2008. It is unclear from the workup/documentation what tests were performed from 2008 to the present. Additionally, there is no indication the subject of chest pain and heart related. Consequently, the 2-D echocardiogram is not medically necessary based on the documentation in the medical record.

**ICG: 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: <http://onlinelibrary.wiley.com/doi/10.1007/s00534-004-0965-9/full>

**Decision rationale:** Pursuant to an article in the Journal of Hepato-Biliary-Pancreatic Sciences, Assessment of Hepatic Reserve Indication of Hepatic Resection: Decision Tree Incorporating Indo Cyanine Green Test. See attached link for details. A search of the California Medical Treatment Utilization Schedule and Official Disability Guidelines failed to reveal any guidelines of scientific evidence to support the use of an Indo cyanine green (ICG) and the management of chest and abdominal pain. ICG is a cyanine dye used in medical diagnostics. It is used to determine cardiac output, hepatic function and liver blood flow, and for ophthalmic angiography. The records indicate no liver issues, no prior liver function tests and during his recent review of systems in September 2014 is cardiac examination was within normal limits. As noted above, chest pain and abdominal pain symptoms date back to 2008. It is unclear as to what workup has been completed to date and what new symptoms if any have developed warranting additional workup. Consequently, ICG is not medically necessary based on the lack of documentation showing indication for its use.

**Upper GI series: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.[11references]

**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: [http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/gastroenterology/upper\\_gastrointestinal\\_series\\_92,P07701/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/upper_gastrointestinal_series_92,P07701/)

**Decision rationale:** Presumed to Hopkins Medicine, the G.I. series (see attached link for details) is not medically necessary. California Medical Treatment Utilization Schedule, ACOEM Guidelines and Official Disability Guidelines do not provide recommendations for G.I. series (barium swallow. In this case, the medical records indicate patient had gastrointestinal issues that date back to 2008. The injured worker underwent colonoscopy in 2013. The results were undisclosed. The symptoms related to the abdominal pain and gastroesophageal reflux date back to 2008. It is unclear from the documentation will work up the worker has had to date and there are no new symptoms in the medical record warranting a G.I. series. Consequently, the G.I. series is not medically necessary based on the lack of documentation supporting its use.

**Bentyl 20mg #120:** 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: <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=bentyl>

**Decision rationale:** Pursuant to Medline Plus, Bentyl 20 mg #120 is not medically necessary. Bentyl is a medication used to treat symptoms of your double bowel syndrome. It is in a class of medications called anticholinergic. It relieves muscle spasm in the gastrointestinal tract by blocking the activity of certain natural substances in the body. In this case, the medical records indicate the injured worker has symptoms dating back to 2008. The medical record is incomplete regarding the workup ranging from 2008 the present. Additionally, it is unclear from the documentation what new symptoms, if any have developed warranting a request for dental at this time. Bentyl is used to treat irritable bowel syndrome, or spastic colon and colitis. The injured worker was not diagnosed with any of these disorders. Consequently, Bentyl 20 mg #120 is not medically necessary.

**Topical compound Flurbiprofen 20% Tramadol 20% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

**Decision rationale:** Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound Flurbiprofen 20% and Tramadol 20% is not medically necessary. The guidelines indicate these drugs are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. In this case, the most recent examination was from the internal medicine physician. His diagnoses were abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, chest pain rule out cardiac versus G.I. versus anxiety. Deferred diagnoses were weight loss, left atrial enlargement, palpitations, sleep disorder, splenomegaly. There was no mention of musculoskeletal complaints in the September 8, 2014 progress note. The medical records did not indicate the patient had a condition for which a compounded cream had been established as the most appropriate means of treatment. Additionally, these drugs are largely experimental. Consequently, Flurbiprofen 20% and Tramadol 20% are not medically necessary.

**Topical Compound Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% cream:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical gabapentin 10%, amitriptyline 10% and dextromethorphan 10% cream is not medically necessary. These drugs are largely experimental with few controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the requesting physician prescribed topical gabapentin 10%, amitriptyline 10% and dextromethorphan 10% cream. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, the topical compound topical gabapentin 10%, amitriptyline 10% and dextromethorphan 10% cream is not medically necessary.