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| Case Number: | CM14-0184921 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 02/24/2009 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 & 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 52-year-old female with a date of injury of 02/24/2010. The listed diagnoses are: 1. HTN. 2. R/O sleep apnea. 3. Ortho condition. The most recent progress report is from 06/10/2014 which indicates that the patient complains of continued upper extremity complaints, irritation of hemorrhoid, and constipation. It was noted that she "just got the medications 2 days ago." The patient has no side effects with medications. A list of medications was not provided. Objective findings included 140/90 mmHg blood pressure, weight is 200 pound. This progress report is handwritten and partially illegible. According to progress report 04/15/2014, the patient presents with continuous cervical spine pain. Patient states the pain goes from the neck to the shoulders. Movement causes pain, right greater than left. Examination of the cervical spine revealed TTP and positive compression test. Examination of the right shoulder revealed decreased range of motion and TTP (illegible). Examination of the right elbow revealed "TTP, flx/ext comp." There was positive Cozen's test. This is a request for a refill of medications. Utilization review denied the request on 10/07/2014. Treatment reports from 01/08/2014 through 04/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simethicone 80 mg, #60: 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 Drugs.com

Decision rationale: This patient presents with continued upper extremity complaints, irritation of hemorrhoid, constipation, and high blood pressure. The treater is requesting simethicone 80 mg #60. Simethicone is an antifatulent and works by breaking up gas bubbles, which makes gas easier to eliminate. Drugs.com states indication for use is "Relief of painful symptoms and pressure of excess gas in digestive tract; adjunct in treatment of many conditions in which gas retention may be problem, such as postoperative gaseous distention and pain, endoscopic examination, air swallowing, functional dyspepsia, peptic ulcer, spastic or irritable colon, diverticulosis." The treater does not provide a rationale for this medication. There is no documentation that the patient suffers from any of the issues discussed above. Given the lack of documentation of medical necessity, the request is not medically necessary.

Probiotics, #60: 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 The U.S. Food and Drug Administration (FDA) <http://nccam.nih.gov/health/probiotics/introduction.htm>

Decision rationale: This patient presents with continued upper extremity complaints, irritation of hemorrhoid, constipation, and high blood pressure. Treater is requesting probiotics, 60 count. The ACOEM, MTUS and ODG guidelines do not discuss Probiotics. States that "Probiotics are live microorganisms (e.g., bacteria) that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) has not approved any health claims for Probiotics." In this case, Probiotics is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. The request is not medically necessary.

One tube of Preparation H cream: Overturned

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 Page(s): 8. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: This patient presents with continued upper extremity complaints, irritation of hemorrhoid, constipation, and high blood pressure. The treater is requesting one tube of

preparation H cream. The ACOEM, MTUS and ODG guidelines do not discuss preparation H cream. Drugs.com states that "Preparation H Cream is a topical anesthetic, vasoconstrictor, and skin protectant. It works by blocking pain signals from the nerve endings in the skin and shrinking swollen tissue." MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, the treater states that the patient suffers from constipation and hemorrhoids. One tube of preparation H is reasonable in aiding the patient hemorrhoid symptoms. The request is medically necessary.

Hypertensa, #60: 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) under Pain chapter, Medical foods, <http://www.ptlcentral.com/medical-foods-products.php>

Decision rationale: This patient presents with continued upper extremity complaints, irritation of hemorrhoid, constipation, and high blood pressure. The request is for Hypertensa sixty count. <http://www.ptlcentral.com/medical-foods-products.php> states that Hypertensa is "a specially formulated prescription only Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with hypertension." Its includes include, L-Arginine, L-Glutamine, Histidine (as Histidine HCL), Choline Bitartrate, Dextrose, Cinnamon, Ginkgo Biloba, Grape Seed Extract, Caffeine, Cocoa, and Ginseng. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state for Choline, "There is no known medical need for choline supplementation," and cinnamon is "Not recommended." While some of the ingredients may be indicated, choline and cinnamon are not. Furthermore, medical foods in general are not recommended per ODG unless there is a specific deficit for supplemented ingredient. The request is not medically necessary.