

Case Number:	CM14-0213339		
Date Assigned:	12/30/2014	Date of Injury:	07/08/2010
Decision Date:	03/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 07/08/2010. The injured worker repeatedly suffered from toxic exposure. The injured worker had developed carbide toxicity in the lungs. The current diagnoses include status post bilateral lung transplantation, diabetes, chronic steroid use, gastroesophageal reflux disease, and insomnia. The injured worker presented on 05/01/2014 for a complete history and physical examination. It was noted that the injured worker was status post bilateral lung transplant and was now on an immunosuppressive regimen. The injured worker presented with multiple complaints, including decreased libido, weight gain, GERD, reflux, insomnia, and shortness of breath. The injured worker reported multiple functional impairments. The current medication regimen includes clotrimazole, Ambien, tacrolimus, prednisone, potassium, Protonix, CellCept, magnesium, Sporanox, Flonase, docusate, Mycelex, calcium, Bactrim, Fosamax, Valcyte, Humalog, Novalog, glipizide, furosemide, ferrous sulfate, and amoxicillin. The injured worker's vital signs in the office were stable with a heart rate of 86, a blood pressure of 111/76, and a respiratory rate of 16. Physical examination was within normal limits. It was noted that the injured worker was not a good candidate for vocational rehabilitation and was not able to return to work of any kind. Future treatment would be regular evaluations. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clotrimazole Lozenge: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 March 2015. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Clotrimazole

Decision rationale: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. According to the US National Library of Medicine, Clotrimazole is used to treat yeast infections. It can also be used to prevent oral thrush in certain patients. According to the documentation provided, the injured worker does not maintain a diagnosis of yeast infection or oral thrush. The injured worker has continuously utilized this medication since at least 10/2013. The medical rationale for the requested medication was not provided. There is also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.

Docusate: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. According to the documentation provided, the injured worker does not maintain a diagnosis of chronic constipation. The injured worker does not present with symptoms of chronic constipation. The medical necessity for the requested medication has not been established in this case. It is also noted that the provider has requested approval of polyethylene glycol. There is also no strength, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.

Ferrous Sulfate: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 March 2015. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Ferrous sulfate

Decision rationale: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. According to the US National Library of Medicine, ferrous sulfate is used to treat or prevent iron deficiency anemia, a condition that occurs when the body has too few red blood cells. The injured worker does not maintain a diagnosis of iron deficiency anemia. The injured worker has continuously utilized this medication for an unknown duration. The medical rationale for the use of ferrous sulfate was not provided. There is also no strength, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.

Fluticasone Spray: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 March 2015. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Fluticasone

Decision rationale: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. According to the US National Library of Medicine, fluticasone nasal spray is used to relieve sneezing, runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies. Fluticasone nasal spray should not be used to treat symptoms caused by the common cold. It is in a class of medications called corticosteroids. The injured worker does not maintain a diagnosis of allergies. The medical necessity for the requested medication has not been established in this case. There is also no strength, frequency, or quantity listed in the request.

Freestyle Lancets: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. While it is noted that the injured worker is an insulin dependent diabetic,

there was no quantity listed in the above request. Therefore, the request is not medically appropriate.

MG-Plus Tab: 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

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

Decision rationale: The Official Disability Guidelines state medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There is no documentation of a vitamin deficiency. The medical rationale for the requested medication has not been provided. There is also no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

Multi-Vitamin Tab: 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

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

Decision rationale: The Official Disability Guidelines state medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There is no documentation of a vitamin deficiency. The medical rationale for the requested medication has not been provided. There is also no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

Mycophenolate Mofetil: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 March 2015. www.nlm.nih.gov. U.S.

National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Mycophenolate

Decision rationale: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. According to the US National Library of Medicine, mycophenolate is used with other medications to help prevent transplant organ rejection in injured workers who have received a kidney, heart, and liver transplant. It is also used to help prevent the body from rejecting kidney transplants. It is in a class of medications called immunosuppressive agents. While it is noted that the injured worker is status post bilateral lung transplant and is currently on an immunosuppressive regimen, there was no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

NovoLog Injection FlexPen: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 March 2015. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Insulin Aspart

Decision rationale: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. According to the US National Library of Medicine, insulin aspart is used to treat type 1 diabetes. It is also used to treat injured workers with type 2 diabetes who need insulin to control their diabetes. The injured worker does maintain a diagnosis of diabetes. However, there was no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

Oyster Shell Tab: 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

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

Decision rationale: The Official Disability Guidelines state medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There is no documentation of a vitamin deficiency. The medical rationale for the requested medication has not been provided. There is

also no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

Pen Needles: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. While it is noted that the injured worker is an insulin dependent diabetic, there was no quantity listed in the above request. Therefore, the request is not medically appropriate.

Polyethylene Glycol: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the injured worker to follow a proper diet. According to the documentation provided, the injured worker does not maintain a diagnosis of chronic constipation. The injured worker does not present with symptoms of chronic constipation. The medical necessity for the requested medication has not been established in this case. It is also noted that the provider has requested approval of docusate. There is also no strength, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.

Prednisone: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Oral Corticosteroids

Decision rationale: The Official Disability Guidelines do not recommend oral corticosteroids for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain and given their serious adverse effects, they should be avoided. Although it is noted that the injured worker is status post bilateral lung transplant and maintains a diagnosis of chronic steroid use, there is no strength, frequency, or quantity listed in the above request. As such, the request is not medically appropriate.

Sertraline: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: California MTUS Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain but they may have a role in treating secondary depression. The injured worker does not maintain a diagnosis of chronic depression. Additionally, there is no strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.

Sulfamethoxazole/Trimethoprim: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Sulfamethoxazole-Trimethoprim (Bactrim, Septra)

Decision rationale: The Official Disability Guidelines recommend sulfamethoxazole as a first line treatment for diabetic foot infections, osteomyelitis, chronic bronchitis, and cellulitis. While it is noted that the injured worker has continuously utilized the above medication, there is no strength, frequency, or quantity listed. Therefore, the request is not medically appropriate in this case.