

Case Number:	CM14-0215171		
Date Assigned:	01/21/2015	Date of Injury:	12/08/2008
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/23/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male with an injury date of 12/08/08. Based on the 10/13/14 progress report provided by treating physician, the patient complains of frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14, significant findings include: "L2-L5 disc desiccation... L4-L5 mild loss of posterior intervertebral disc height... L4-L5 facet arthropathy, hypertrophy of the ligamentum flavum, mild to moderate left neural foraminal stenosis, and mild central canal stenosis."Diagnosis 10/13/14- Cervical disc syndrome- Cervical radiculopathy- Status post lumbar spine fusion- Right inguinal herniaThe utilization review determination being challenged is dated 11/27/14. The rationale follows:1) ASA EC: "California MTUS guidelines do not address the use of low dose aspirin for use in cardiovascular disease... There is no clinical documentation that this patient is at risk for an acute coronary event..."2) Sentra PM: "Prescription of this medical food is not clinically warranted... It does not appear from the provided documentation that the patient has any specific medical disorder for which there are

distinctive nutritional requirements..."3) Hypertensa: "This supplement is not indicated in current references for pain or "inflammation".. It does not appear from the provided documentation that the patient has any specific medical disorder for which there are distinctive nutritional requirements..."4) Urine Toxicology: "This patient is considered to be low risk and per guidelines is subject to once yearly testing... Based on the prior 3 screens in 2014, he does not require repeat testing."5) Cardiac Respiratory Testing: "Current clinical reporting provide no evidence that the patient has symptoms or clinical examination findings suggestive of cardio-respiratory symptoms..."6) Fasting Labs: "There is no indication of gout and a single uric acid level is not indicative... The patient underwent pre-operative testing on 05/27/14... SMA-22, CBC, PT, PTT, and UA unremarkable."Treatment reports were provided from 04/01/14 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASA EC 81mg, #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 Vandvik PO, Lincoff AM, Gore JM, Gutterman DD, Sonnenberg FA, Alonso-Coello P, Akl EA, Lansberg MG, Guyatt GH, Spencer FA. Primary and secondary prevention of cardiovascular disease: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 2012 Feb;141(2 Suppl):e637S-68S

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: www.FDA.gov.

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for ASA EC 81MG #30 WITH 2 REFILLS. Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14. While MTUS and ODG are silent on the issue of using Aspirin as CVD prophylaxis, Food and Drug Administration Guidelines on the use of Aspirin in the prophylaxis of cardiovascular disease state: "Consumers and patients who do not suffer from cardiovascular disease sometimes consider taking aspirin to reduce the possibility of having a heart attack or stroke. Reducing the possibility of having a first heart attack or stroke is called primary prevention. The FDA has reviewed the available data and does not believe the evidence supports the general use of aspirin for primary prevention of a heart attack or stroke. In fact, there are serious risks associated with the use of aspirin, including increased risk of bleeding in the stomach and brain, in situations

where the benefit of aspirin for primary prevention has not been established."Treater has not provided a reason for the request. The submitted documentation does not establish that the patient is at risk for (or have a history of) cardiac pathology. Furthermore, FDA guidelines indicate Aspirin is no longer a recommended prophylactic therapy in those without a documented history of cardiovascular disease, heart attack, or stroke. Therefore, the request IS NOT medically necessary.

Sentra PM, #60 (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- Pain (Chronic)

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

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for SENTRA PM #60 (3 BOTTLES). Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14.Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria:1. The product must be a food for oral or tube feeding.2. The product must be labeled for dietary management of a specific medical disorder.3. The product must be used under medical supervision.Treater has not provided a reason for the request. The reports provided do not establish that the patient has a diagnosed GI disorder other than a history of inguinal hernia, nor does it indicate that the patient has been diagnosed with a nutritional disorder, or that said supplement will be administered under medical supervision. Therefore, this request IS NOT medically necessary.

Hypertensa #90 (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- Pain (Chronic)

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

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for HYPERTENSA #90 (30 BOTTLES). Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14. Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision. Treater has not provided a reason for the request. The reports provided do not indicate that this patient has had a clinical diagnosis of hypertension. Patient vital signs listed on the 10/13/14 progress report show a systolic blood pressure of 149, meeting the criteria for stage 1 hypertension. However, there are no discussions of mainstream therapies such as anti-hypertensive medications or dietary intervention directed at this complaint, nor does a single blood pressure reading establish hypertensive pathology. Furthermore, there is no indication that this medical food will be utilized under medical supervision. This request IS NOT medically necessary.

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for 1 URINE TOXICOLOGY SCREEN. Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater has not provided a reason for the request. The reports

provided do not include discussion of risk behaviors, aberrant behaviors, or inconsistent UDS performed to date. Though the records provided do not include any UDS performed in 2014, denial letter references UDS's performed 03/23/14, 04/01/14, and 06/17/14 as being consistent with prescribed medications. For lack of discussion as to why this patient should be considered "high risk", necessitating such regular urinalysis it appears that this is not a reasonable screening measure. Therefore, this request IS NOT medically necessary.

1 cardiac respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiometabolic risk management guidelines in primary care. Bibliographic Source(s) Guideline Developing Team. Cardiometabolic risk management guidelines in primary care. Qatif (Saudi Arabia): Qatif Primary Health Care; 2011. 124 p.

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: American College of Cardiology/American Heart Association guidelines for cardiopulmonary exercise testing.

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for 1 CARDIAC RESPIRATORY TESTING. Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14. While MTUS and ODG guidelines are silent on the issue of Cardiorespiratory/Cardiopulmonary testing, the American College of Cardiology/American Heart Association guidelines for cardiopulmonary exercise testing are: Indicated: 1) Evaluation of exercise capacity and response to treatment in patients with heart failure who are being considered for heart transplantation. 2) Assistance in the differentiation of cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. Good Supportive Evidence: Evaluation of exercise capacity when indicated for medical reasons in patients for whom the estimates of exercise capacity from exercise test time or work rate are unreliable. Weak Supportive Evidence: 1) Evaluation of the patient's response to specific therapeutic interventions in which improvement of exercise tolerance is an important goal or end point. 2) Determination of the intensity for exercise training as part of comprehensive cardiac rehabilitation. Not Indicated: Routine use to evaluate exercise capacity. In this case, the treater has not provided a specific reason as to why cardiorespiratory testing is being requested for this patient, nor is there any discussion of significant cardiac history or mention of respiratory complaint which would require diagnostic exam to differentiate from cardiac insufficiency. Therefore, this request IS NOT medically necessary.

1 fasting labs (GI profile, HTN profile, uric acid, urine microalbumin, urinalysis, PSA):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American Cancer Society (ACS). American Cancer Society guideline for the early detection of prostate cancer: update 2010. CA Cancer J Clin 2010 Mar-Apr;60(2):70-98. [154 references]2. American Urological Association Education and Research, Inc. (AUA). Early detection of prostate cancer: AUA guideline. linthicum (MD): American Urological Association Education and Research, Inc.; 2013 Apr. 28 p. [112 references]3. U.S. Preventive Services Task Force (USPSTF). Screening for prostate cancer: U.S. Prevent

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 286.

Decision rationale: The patient presents with frequent mild to moderate lumbar pain rated 4/10, cervical pain rated 4/10 with an achy quality, and localized inguinal pain rated 04/10 with a burning quality. Additionally, patient complains of GI upset and hernia. Patient is status post L4-L5 laminectomy and fusion on 06/11/14. The request is for 1 FASTING LABS (GI PROFILE, HTN PROFILE, URIC ACID, URINE MICROALBUMIN, URINALYSIS, PSA). Physical examination dated 10/13/14 revealed tenderness to palpation to the bilateral cervical paraspinal muscles and upper trapezii, positive axial compression noted. Lumbar spine examination reveals well healed surgical incisions and tenderness to palpation to the lumbar paraspinal muscles bilaterally, straight leg test positive bilaterally. The patient is currently prescribed Cyclobenzaprine, Lidoderm, Naproxen, Omeprazole, and Tramadol. Patient is temporarily totally disabled. Diagnostic imaging included MRI dated 05/12/14 While MTUS and ODG are silent on the issue of fasting lab utilization, ACOEM chapter 12, low back, Master Algorithm, page 286, shows labs studies are necessary if there are red flags for infection, tumor, fracture, dislocation, renal or bowel disease. Treater has not provided a reason for the request. The request for a fasting panels examining the GI system, hypertension, uric acid, microalbumin, and prostate specific antigen is unsubstantiated by the provided documentation. There is no discussion of "red flags" which would indicate such tests, no diagnosis of GI pathology beyond inguinal hernia, no diagnosis of hypertension, no documentation of renal insufficiency or gout, no documentation of hepatic pathology, and no urological complaints which would warrant PSA examination. While PSA screening could potentially be appropriate given this patient's age category, the lack of documented reason fails to establish medical necessity. Therefore, this request IS NOT medically necessary.