

<b>Case Number:</b>	CM14-0215685		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This is a 47 year old male who sustained a work related injury to his lower back on July 1, 2011. There was no mechanism of injury documented. According to the Primary Treating Physician's Progress Report on September 18, 2014 the injured worker was diagnosed with lumber sprain, discopathy with lateral recess stenosis, left knee patellofemoral syndrome, left foot and ankle strain/sprain, sleep disturbance and is currently being followed for hypertension and gastroesophageal reflux disorder (GERD). There was no discussion of recent cardiac conditions or changes in vital signs. Current treatment modalities consist of home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, topical cream, Atenolol, Lisinopril and Zantac. According to the report dated November 11, 2014, the injured worker's blood pressure is controlled with current medications. His current weight is 212 pounds. The injured worker has had 3 epidural steroid injections (ESI) with marginal relief (dates were not documented) and weaned off Norco as of the November 25, 2014 medical report. No surgical intervention was documented or planned. The patient continues to experience low back pain radiating down the left leg, left knee and ankle soreness, stiffness and spasms intermittently. The injured worker was deemed Permanent & Stationary (P&S). The physician has requested authorization for an echocardiogram and Amitiza 24mcg (unspecified quantity). On December 18, 2014 the Utilization Review denied certification for the echocardiogram and Amitiza 24mcg (unspecified quantity). According to the Utilization Review determination letter, the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not provide specific recommendations regarding echocardiogram; therefore alternative guidelines were used in the

decision process. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) do not address Amitiza specifically. Alternative guidelines were used in the decision process as a possible second-line treatment for opioid induced constipation or treatment for idiopathic constipation. The Utilization Review further notes that there was no discussion that the injured worker is on opioids at this time or has chronic idiopathic constipation.

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

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

#### **Echocardiogram x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiology (ESC). Eur Heart J. 2009 Nov; 30 (21):2631-71.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing

**Decision rationale:** This patient presents with chronic low back pain, hypertension, and gastroesophageal reflux disease complaints. The current request is for 1 echocardiogram. The utilization review denied the request stating that "the use of echocardiogram is not recommended for the routine periodic reassessment." The MTUS and ACOEM Guidelines do not discuss EKG. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In this case, the treating physician has requested a repeat echocardiogram, but does not discuss specifically why an echocardiogram is medically necessary. It appears the treating physician is ordering an electrocardiogram as routine procedure and has not discussed the rationale for this request or provided patient risk assessment. Furthermore, ODG supports EKGs for patients undergoing high-risk surgery and there is no indication that this patient is pending surgery. The requested EKG IS NOT medically necessary.

**Amitiza 24mcg (unspecified quantity): 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), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic Page(s): 76-78. Decision based on Non-MTUS Citation pain chapter, lubiprostone (Amitiza  $\dot{i}$ <sub>6</sub><sup>1/2</sup>)

**Decision rationale:** This patient presents with chronic low back pain, hypertension, and gastroesophageal reflux disease complaints. The current request is for Amitiza 24 mcg. ODG-TWC under the pain chapter has the following regarding lubiprostone (Amitiza ) recommended only as a possible second line treatment for opioid-induced constipation. See opioid-induced constipation treatment. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. In this case, there is no medical rationale provided that supports the use of Amitiza instead of a first line treatment for constipation. Amitiza is recommended as a second line treatment. There is no indication that the patient has failed first line medication for opiate-induced constipation. The requested Amitiza IS NOT medically necessary.