

Case Number:	CM14-0064300		
Date Assigned:	07/11/2014	Date of Injury:	09/26/2007
Decision Date:	06/23/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/07/2014

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: New York
 Certification(s)/Specialty: Internal Medicine

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 42 year old male who sustained an industrial injury on 09/26/07. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include an endoscopy/colonoscopy and urine toxicology screen. Current complaints include increased abdominal pain, gastroesophageal reflux, and decreased constipation. Current diagnoses include abdominal pain, gastroesophageal reflux, constipation, and chest pain. In a progress note dated 03/20/14 the treating provider reports the plan of care as an EKG, stress echocardiogram, carotid ultrasound, and urine toxicology screen, as well as medications including Dexilant and probiotics. The requested treatments are Dexilant, urine drug screen, stress echocardiogram, and carotid ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #90: Overturned

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.12p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia, Gastritis and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). Documentation shows that the injured worker complains of persistent abdominal pain and reflux symptoms, with recent Endoscopic findings of Erosive Gastritis and Internal Hemorrhoids noted on Colonoscopy. The recommendation for continued use of Dexilant to allow for further evaluation is reasonable and appropriate. The request for Dexilant 60mg #90 is medically necessary per guidelines.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior and there is evidence of recent urine drug screening. Per guidelines, the injured worker should be tested yearly thereafter. The medical necessity for more frequent urine drug testing has not been established. With guidelines not being met, the request for 1 urine drug screen is not medically necessary.

1 stress echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 91 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content>.

Decision rationale: Stress tests are used for diagnostic and prognostic testing for Coronary Artery Disease (CAD) (damage or disease in the heart's major blood vessels). Stress testing may

be recommended in patients with stable chest pain or at Low- or intermediate-risk for unstable angina (a type of chest pain caused by reduced blood flow to the heart). Stress testing to screen healthy, asymptomatic patients with a low pretest probability for CAD is not recommended. Two types of Stress tests used are dynamic exercise (usually treadmill or cycle) and pharmacologic (medication). Additionally, three types of imaging technology can be added to stress testing, including ECHO (ultrasound picture of the heart), nuclear perfusion, and magnetic resonance myocardial perfusion. Per guidelines pharmacologic stress testing with nuclear imaging or ECHO is recommended for patients who are unable to exercise or for those with an uninterpretable ECG. Physician reports reveal that the injured worker complains of chest pain, shortness of breath and dizziness and there is evidence that an EKG was ordered. However, result of this test is not documented. Furthermore, there is no evidence to support that the injured worker is unable to perform an exercise stress test to establish the medical necessity for a stress ECHO. The request for 1 stress echo is not medically necessary.

1 carotid ultrasound: Upheld

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 Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content>.

Decision rationale: Per guidelines, a carotid duplex ultrasound should be obtained in patients with cervical bruits (a noise in the neck caused by the turbulent flow of blood in the carotid artery indicating stenosis) to confirm and quantitate the degree of carotid artery stenosis (the buildup of plaque in the carotid artery that reduces blood flow to the brain). This test may also be performed to screen patients with multiple risk factors for carotid artery disease, including age over 65, smoking, Coronary artery disease and Dyslipidemia. Documentation reveals that the injured worker complains of dizziness. Physician report at the time of the requested service under review indicates the absence of carotid bruits on physical examination. The medical necessity for carotid ultrasound has not been established. The request for 1 carotid ultrasound is not medically necessary.