

Case Number:	CM14-0067383		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2012
Decision Date:	06/18/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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: Pennsylvania
 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 44 year old female, who sustained an industrial injury on 03/14/2012. The initial complaints or symptoms included back pain/injury. The injured worker was diagnosed as having lumbar strain/sprain. Within 3 months of the initial injury, the injured worker developed abdominal pain, and alternating constipation and diarrhea. Treatment to date has included conservative care, medications, diagnostic imaging, electrodiagnostic imaging, conservative therapies, right knee surgery, cardiac testing, and abdominal imaging and testing. At the time of the request for authorization, the injured worker reported improving abdominal pain and constipation with medications, continued acid reflux, continued headaches, continued sleep deficits, and worsening left upper extremity pain. The industrial diagnoses include abdominal pain, constipation/diarrhea, rule out irritable bowel syndrome, gastropathy secondary to NSAIDs, weight gain, cephalgia, obstructive sleep apnea, mixed hyperlipidemia, hypertension triggered by work related injury, psychiatric diagnoses, and orthopedic diagnoses. The request for authorization included the following denied services: Miralax 17 gm one bottle, acetylsalicylic acid (ASA) 81 mg #30, 1 EKG and 1 carotid ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17g one bottle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of constipation. University of Iowa Gerontological Nursing Interventions Research Center, Pharmacological Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids: Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. This injured worker has been prescribed tramadol, an opioid medication. It was noted among prescribed medications in February 2014; although it was not listed in subsequent progress notes in March 2014, discontinuation was not noted. In addition, the documentation notes a diagnosis of constipation for this injured worker. The Utilization Review determination did not certify the request for Miralax due to length of use greater than 6 months. The MTUS and ODG do not specify that Miralax should be used for less than 6 months. Due to ongoing symptoms of constipation and recent treatment with opioid medication, the request for miralax is medically necessary.

Acetylsalicylic Acid (ASA) 81mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preventive services for adults, Bloomington: Institute for Clinical Systems Improvement; 2013 Sep. 107 p., Aspirin Chemoprophylaxis Counseling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aspirin in the primary prevention of cardiovascular disease and cancer. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The decision regarding aspirin use for primary prevention should be made in consideration of the likely patient-specific benefits and risks. In 2014, the FDA issued a statement that any decision to use aspirin in primary prevention of cardiovascular disease should be an individual clinical judgment between the healthcare provider and the patient that weighs the benefits against the risks of bleeding. For some individuals age 50 years or greater without underlying documented cardiovascular disease and without excessive bleeding risks, the benefits of aspirin at a dose of 75 to 100 mg per day for the prevention of cancer and cardiovascular disease may outweigh the risks. The evidence does not support the routine use of aspirin for primary prevention in patients younger than 50 years. The treating physician has not provided a reason for the prescription of aspirin for this injured worker. The injured worker is less than 50 years of age. In addition, she was noted to have esophageal reflux disease and gastropathy

secondary to non-steroidal anti-inflammatory drugs (NSAIDS). Due to lack of specific indication and potential for toxicity, the request for Acetylsalicylic Acid (ASA) 81mg #30 is not medically necessary.

1 Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force. Screening for coronary heart disease with electrocardiography. *Ann Intern Med.* 2012 Oct 2;157(7):512-18.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Screening for coronary heart disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Electrocardiogram in the diagnosis of myocardial ischemia and infarction. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015 U.S. Preventive Services Task Force. Screening for coronary heart disease with electrocardiography: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2012; 157 (7): 512-8.

Decision rationale: The electrocardiogram (EKG) is an important diagnostic test for patients with possible or established myocardial ischemia or infarction. In this case, there was no documentation of any signs or symptoms of myocardial ischemia. There was no documentation of chest pain or shortness of breath, and cardiac examination was unremarkable. The treating physician has not provided the specific indications for the EKG. There are many possible indications. One of the possible categories for EKG application is as a screening test for heart disease, as per the guideline cited above. The USPSTF (United States Preventive Services Task Force) recommends against routine screening in adults with low risk of coronary heart disease (CHD) events, and concluded that there was insufficient evidence to recommend for or against routine screening in adults at increased risk for CHD events. The treating physician has not provided the indications for the EKG as a screening test per this guideline or any other guidelines. In addition, the documentation submitted indicates that the injured worker had an EKG in January 2014, with no documentation of change in symptoms or clinical condition since that time. Due to lack of specific indication, the EKG is not medically necessary.

1 Carotid Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. *Leawood: American Academy of Family Physicians: 2013 Nov. 19 p.*

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for asymptomatic carotid stenosis. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The treating physician has ordered a carotid ultrasound, but no reason for this test was discussed. There was no documentation of any neurologic symptoms related to the

carotid arteries (such as ipsilateral amaurosis fugax, contralateral weakness or numbness of an extremity or face, dysarthria, or aphasia) for this injured worker. As this injured worker is asymptomatic, the order for carotid ultrasound may represent a screening test for asymptomatic carotid stenosis. The low prevalence of asymptomatic carotid stenosis, low annual risk for stroke in patients with asymptomatic carotid stenosis, and the variability of surgical outcomes dependent upon surgeon and center are factors influencing recommendations for population screening for carotid stenosis. Screening asymptomatic individuals for carotid artery stenosis is not recommended. The US Preventive Services Task Force (USPSTF) and the American Heart Association/American Stroke Association recommends against screening for asymptomatic carotid artery stenosis in the general population. Due to lack of focal neurologic symptoms, and recommendation by the guidelines against screening asymptomatic individuals for carotid stenosis, the request for carotid ultrasound is not medically necessary.