

Case Number:	CM15-0005984		
Date Assigned:	01/20/2015	Date of Injury:	06/06/2007
Decision Date:	03/31/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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 was a 57 year old female, who sustained an industrial injury, October 12, 2004, June 6, 2007 and September 14, 2010. The injured worker's first injury left ankle injury. The second was at a follow-up exam noted diabetes and hypertension. The third injury was left knee. The injured worker's chief complaint was of abdominal pain and acid reflux. The injured worker was diagnosed with constipation/diarrhea, possible hemorrhoids, gastritis, diabetes, hypertension, hyperlipidemia, sleep disorder, hypertensive/arteriosclerotic retinopathy and increased uric acid. The injured worker has been treated with medications for constipation, pain medication and left knee surgery studies. On December 22, 2014, the UR denied authorization for prescriptions for Apptrim-D #120, Hypertensa # 90, probiotics #60, preparation H cream, Electrocardiography, ICG, 2D echocardiogram and stress echocardiogram. The denial for the Electrocardiography was based on the Braunwald's Heart Disease. The denial for the 2D echocardiogram and stress echocardiogram were based on the MTUS guidelines for Essentials of Physical Medicine and Rehabilitation. The denial for the preparation H was based on the over the counter hemorrhoid creams. The denial for the Apptrim-D was based on the ODG Pain Procedure Summary. The denial for the probiotics was denied on the bases of National Institute of Health.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease - A Textbook of Cardiovascular Medicine, 9th Edition, Chapter 13 - Electrocardiography The ACC/AHA Guidelines (1)

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

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is diagnosed with Hypertension with diastolic dysfunction. At the time the EKG in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request for EKG is not medically necessary.

ICG, 2D Echo with Doppler and Stress Echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation, 1st ed. Hanley and Belfus, Pp. 530-532/ Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., P.261

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

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is diagnosed with Hypertension with diastolic dysfunction. Documentation indicated that the injured worker's chronic medical condition of Hypertension is stable and there was no acute illness noted that would justify additional cardiac testing at the time of the 2D echocardiogram and stress echocardiogram under review. The request for ICG, 2D Echo with Doppler and Stress Echo is not medically necessary.

Meds x 1 Preparation H Cream Use as Directed (as needed for hemorrhoids): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682793.html> last updated 05/15/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>

Decision rationale: Preparation H cream (Hydrocortisone) is used without a prescription for the temporary relief of the swelling and discomfort of hemorrhoids and other rectal problems. Documentation indicates that the injured worker has history of constipation and diarrhea, which is improving. In addition, there is no diagnosis rectal problems or external hemorrhoids. The request for Meds x 1 Preparation H Cream Use as Directed (as needed for hemorrhoids) is not medically necessary.

Appttrim-D #120 three 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 (ODG), Pain Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation CincinnatiHealthInstitute.com

Decision rationale: Appttrim-D is a medical food formulated to treat obesity, morbid obesity and metabolic syndrome. Documentation does not show that the injured worker's diagnoses meet the necessity for the clinical use of a medical food. The request for Appttrim-D #120 three bottles is not medically necessary.

Hypertense #90 three 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 (ODG), Pain Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation CincinnatiHealthInstitute.com

Decision rationale: Hypertensa is an FDA approved medical food prescribed for the nutritional management of the metabolic process associated with Hypertension. The injured worker is diagnosed with Hypertension, being treated appropriately with prescription medication. Documentation fails to show evidence supporting the clinical use of a medical food. The request Hypertense #90 three bottles is not medically necessary.

Probiotics #60 twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NCAM, last updated 01/04/2012, <http://nccam.nih.gov/health/probiotics/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>
<http://www.nlm.nih.gov/medlineplus>

Decision rationale: Probiotics are live, nonpathogenic bacteria sold in fermented foods or dairy products as formulations. They are available over the counter and in health food stores. Per guidelines, there is not sufficient data to recommend probiotics in the management of severe constipation. Documentation indicates that the injured worker has history of constipation and diarrhea, which is improving. The request for Probiotics #60 twice daily is not medically necessary.