

<b>Case Number:</b>	CM15-0013148		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 is a 53-year-old female, who sustained an industrial injury on September 13, 2011. She reported a sudden onset of pain in her low back and left upper extremity. Later, she reported frequent nausea and constipation due to medication use. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc protrusion, lumbar facet syndrome, abdominal pain, acid reflux, constipation, hypertension, chest pain, sleep disorder and psychiatric diagnosis. Treatment to date has included diagnostic studies and medications. On November 12, 2014, the injured worker noted no change in her abdominal pain, acid reflux (with medications), diarrhea and constipation (with medications). The treatment plan listed medications including Prilosec, Citrucel, Lisinopril, Simvastatin and Gemfibrozil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril 40mg #45:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension diagnosis and treatment: Institute for Clinical Systems Improvement.

**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:** Lisinopril is an Angiotensin-converting enzyme inhibitors (ACE inhibitor) used to treat Hypertension and Heart disease. Documentation provided indicates that the injured worker has Hypertension, which is controlled on current medication regimen, supporting the medical necessity for ongoing use of Lisinopril. The request for Lisinopril 40mg #45 is medically necessary by guidelines.

**Prilosec 20mg #45:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Management of gastroesophageal reflux disease, PubMed.

**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](http://www.nlm.nih.gov/medlineplus/).

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia 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 abdominal pain, acid reflux and nausea. The recommendation for ongoing use of Prilosec to treat this condition and to prevent other gastrointestinal events is appropriate. The request Prilosec 20mg #45 is medically necessary per guidelines.

**Simvastatin 20mg #45:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines on the management of lipids as a cardiovascular risk factor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Statins are used in the treatment of Hyperlipidemia in combination with lifestyle changes including diet and exercise. Documentation provided shows that the injured worker is diagnosed with Hyperlipidemia and physician report shows a recommendation for dietary restriction. The medical necessity for ongoing use of Simvastatin is established. The request for Simvastatin 20mg #45 is medically necessary.

**Referral to neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Documentation indicates that the injured worker is diagnosed with Vascular Headaches. However, at the time of the requested service under review, physician report failed to demonstrate that this condition was active or that there was acute exacerbation of the headaches. The medical necessity for Neurology referral has not been established. The request for Referral to neurologist is not medically necessary.

**Lexiscan:** 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:** Stress tests are used for diagnostic and prognostic testing. 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. Lexiscan is a type of pharmacologic stress test with nuclear perfusion, where medicine is given to patients who are unable to exercise. Per guidelines pharmacologic stress testing with nuclear imaging or ECHO is recommended for patients who are unable to exercise. Stress testing to screen healthy, asymptomatic patients with a low pretest probability for Coronary Artery Disease (CAD) is not recommended. Documentation provided showed that the injured worker is diagnosed with Hypertension and Chest pain (rule out Cardiac versus GI versus Anxiety), described as being stable. Although the injured worker has chronic low back pain and may be unable to use a treadmill, physician reports fail to address this and there is no objective finding of active cardiac symptoms to support the medical necessity of a stress testing. The request for Lexiscan is not medically necessary.

**Unknown interpreting services:** 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://www.dir.ca.gov/dwc/ur\\_main.htm](http://www.dir.ca.gov/dwc/ur_main.htm).

**Decision rationale:** According to the Labor Code Section 4610 and rules contained in Title 8 of the California Code of Regulations, Section 9792.6, Interpreting services do not contribute to the treatment or cure of an industrial injury, therefore, do not fall within the scope of medical utilization review. Determination of coverage of this requested service will therefore be deferred to the claims administrator. The request for Unknown interpreting services 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Food, Medications, Sentra PM.

**Decision rationale:** Sentra PM is a medical food for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. Per ODG, medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation shows that the injured worker complains of sleep disturbance. There is no objective evidence provided to support the medical necessity for a medical food in the presence of established treatment guidelines utilizing prescription medications. The request for Sentra PM #60, #3 bottles is not medically necessary.