

Case Number:	CM15-0018638		
Date Assigned:	04/16/2015	Date of Injury:	07/19/2006
Decision Date:	05/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male, who sustained an industrial injury on 7/19/2006. Diagnoses have included gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, gastropathy, hypertension, and sleep disorder. Treatment to date has included medication. According to the progress report dated 1/6/2015, the injured worker complained of gastroesophageal reflux symptoms. He also reported constipation. He stated that sleep quality was moderately good but was interrupted by back pain and anxiety. Abdomen was soft with normoactive bowel sounds. Cardiovascular exam revealed regular rate and rhythm. Current medications included Prilosec, Gaviscon, Simvastatin, aspirin, Hypertensa and Sentra PM. Authorization was requested for Hypertensa, a urine toxicology screen and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #90 (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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 7/19/06. He has been treated with medications and physical therapy. The current request is for Hypertensa, a medical food. Per the MTUS guidelines cited above, Hypertensa is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, Hypertensa is not indicated as medically necessary.

1 urine toxicology screen test: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, steps to avoid misuse Page(s): 85, 94.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 7/19/06. He has been treated with medications and physical therapy. The current request is for urine toxicology screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine toxicology screen is not indicated as medically necessary.

1 Electrocardiography (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 7/19/06. He has been treated with medications and physical therapy. The available medical records report that the patient had a normal stress echocardiogram performed in 09/2014. There is no documentation in the available medical records of a change in symptoms or objective findings since that warrants further cardiac testing. On the basis of the available medical documentation and per the guidelines cited above, ekg is not indicated as medically necessary.