

Case Number:	CM15-0121014		
Date Assigned:	07/08/2015	Date of Injury:	10/04/2010
Decision Date:	08/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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 58-year-old male, who sustained an industrial injury on 10/04/2010. He has reported subsequent low back, lower extremity and abdominal pain and was diagnosed with disc bulge at L4-L5 with left neuroforaminal stenosis with compression of exiting left L4 nerve root with bilateral recess stenosis and right sided post-surgical changes, spondylolisthesis of L4 on L5 and status post L4-L5 right hemilaminotomy and medial right facetectomy in 2011, perforated bowel status post percutaneous drainage, gastroesophageal reflux disease secondary to stress and non-steroidal anti-inflammatory drugs (NSAID's), irritable bowel syndrome, internal hemorrhoids, hypertension with left ventricular hypertrophy, constipation, status post hematuria and dark stool, rule out gastrointestinal (GI) bleed. Treatment to date has included medication, physical therapy and surgery. In a progress note dated 05/07/2015, the injured worker complained of severe right lower quadrant pain with swelling, fatigue, difficulty sleeping and lumbar spine pain. Vital signs were not documented. Weight was 200 pounds. Cardiovascular examination was within normal limits. Objective findings were notable for inability to visualize fundus on examination, 1+ tenderness to the right upper and lower abdominal quadrants. Work status was deferred to the primary treating physician and was not documented elsewhere in the medical records. A request for authorization of Labs including hypertension, gastrointestinal profiles, uric acid and urinalysis, cardio-respiratory testing, abdominal ultrasound, stress echocardiogram, electrocardiogram, Gabapentin 300 mg #60, Colace 100 mg #90, Aciphex 20 mg #45 and Aspirin 81 mg #45 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: HTN, GI profiles, Uric acid, Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. The treating provider notes abdomen 1+tenderness noted to the upper and lower quadrant. No further details are provided. In the submitted medical records, there is neither any mention of dates of prior lab tests; nor any reports of prior blood tests, if any, can be found. The treating provider does not provide any rationale for lab tests. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Labs HTN, GI profiles, Uric acid, Urinalysis is not medically necessary and appropriate.

Cardio-Respiratory testing: 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 up-to-date.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. Medical Records of the injured worker do not provide any details about cardio respiratory or other autonomic nervous system symptoms. The treating provider provides no clinical findings describing the rationale for cardio-respiratory testing. There is a lack of information that supports any relationship of this specialized testing with the nature of industrial injury of this worker. The Requested Treatment: Cardio-Respiratory testing is not medically necessary and appropriate.

Abdominal ultrasound: 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 Up-to-date.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. Transabdominal ultrasonography is most commonly used to

obtain images of hepatobiliary, urogenital, and pelvic structures. Its utility for imaging the alimentary gastrointestinal tract is less well established, principally because of technical difficulties in obtaining quality images of these regions. Advantage of ultrasound imaging compared with endoscopy and contrast radiography is that it permits evaluation of the transmural aspects of inflammatory or neoplastic pathology within its surrounding structures. This can provide an important contribution for diagnosis and monitoring of disease activity. Other advantages are that it is widely available, noninvasive, and can be performed without preparation. Important limitations of ultrasonography are that the alimentary tract cannot be visualized over its entire length, many of the findings are nonspecific, and obtaining and interpreting the images is highly operator-dependent. Furthermore, ultrasound is far less useful in obese patients in whom high frequency scanning may not be possible. The treating provider notes abdomen 1+tenderness noted to the upper and lower quadrant. No further details are provided. No clinical findings describing the rationale for Abdominal the treating provider provides ultrasound. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. This is not medically necessary.

Stress echo: 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 Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Stress Echo is used for detection and risk assessment of patients with concerns for ischemic heart disease. Review of records indicates, the injured worker had pharmacological stress echo in Feb 2015 that was reportedly normal. No clinical findings describing the rationale for repeat stress the treating provider provides echo. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. This request is not medically necessary.

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 Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. EKG is the single most important test for determination of myocardial ischemia and infarction. Submitted Medical records of this injured worker do not provide enough information why EKG is requested, and there is no mention of relationship of this test with the industrial injury of this worker. Review of medical records indicates injured

worker had normal EKG in the recent past. The Requested Treatment: EKG is not medically necessary and appropriate.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the CA MTUS (2009) guidelines, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain and can be used for treatment of painful diabetic neuropathy and post-herpetic neuralgia. The documentation submitted shows that the injured worker was prescribed Gabapentin since at least 02/09/2015. The indication for use was not discussed and the medical documentation submitted is minimal. The most recent progress note mentions abdominal tenderness but otherwise the examination was essentially unrevealing. There was no documentation that the injured worker was currently experiencing neuropathic pain or was diagnosed with diabetic neuropathy or post-herpetic neuralgia. There was also no documentation as to whether this medication resulted in any significant pain reduction or functional improvement. Therefore, the request for Gabapentin is not medically necessary.

Colace 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for use Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- Constipation.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Senokot or Colace, stool softener, is a stimulant laxative and is used to relieve occasional constipation. In this case, review of medication list does not indicate that this injured worker is currently on opioids. There is no documentation as to whether Aciphex was effective at treating the injured worker's symptoms. The medical necessity of Senokot is not established. The requested medication is not medically necessary.

Aciphex 20mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal (GI) risk factors should be determined. MTUS makes the following recommendations regarding increased gastrointestinal event risk: "Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a proton-pump inhibitor (PPI) if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI." As per ODG, PPI's are recommended for patients at risk for GI events and should be used at the lowest dose for the shortest possible amount of time. The risks of long-term PPI use must be weighed against the risks including the potential for cardiovascular events. Aciphex should be used as a second-line therapy. The documentation shows that the injured worker was prescribed this medication since at least 02/09/2015. There is no explanation as to whether the injured worker had attempted and failed a first line proton-pump inhibitor and no documentation as to whether Aciphex was effective at treating the injured worker's symptoms. In addition, the Aspirin prescribed to the injured worker is found to be not medically necessary. Therefore, the request for Aciphex is not medically necessary.

ASA 81mg #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. According to the US Preventive Services Task Force (USPSTF), recommendation for aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women, 55-79 years of age, and for men, ages 45-79, when the benefits of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. There is no documentation of medical reasons for ASA, specified for this injured worker. The submitted documentation shows a history of multiple GI issues including a perforated bowel, gastroesophageal reflux disease, irritable bowel syndrome and dark stool with concern for GI bleed. There is also a history of hematuria. The most current progress note documents severe right lower quadrant abdominal pain with swelling and right upper quadrant tenderness. The injured worker appears to be at increased risk for gastrointestinal events and there is no discussion from the physician as to the current risk profile for GI or cardiovascular events. Given the injured worker's history, current examination findings and lack of discussion from the physician regarding the risk profile, the medical necessity of this medication has not been established. The request for Aspirin is not medically necessary.