

Case Number:	CM15-0127541		
Date Assigned:	07/23/2015	Date of Injury:	08/04/2009
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Anesthesiology

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 52-year-old female, with a reported date of injury of 08/04/2009. The mechanism of injury was the loss of balance and fall forward while trying to free the wheel on a trash can. She landed on her knees. The injured worker's symptoms at the time of the injury included immediate severe pain in the bilateral knees. The diagnoses include high cholesterol, shortness of breath, acid reflux, and chest pain. Treatments and evaluation to date have included physical therapy, which did not provide any measurable relief; cortisone injection to the right knee, without any lasting relief; surgery to the right knee in 05/2010 and 10/2013; and oral medications. There were no diagnostic study reports in the medical records. The Doctor's First Report dated 05/13/2015 indicates that the injured worker complained of right knee pain, acid reflux, heartburn, low back pain, and migraine headaches. The objective findings included a blood pressure reading of 130/76; a pulse of 92 beats per minute; and weight of 183 pounds. The treatment plan included GI panel labs, cardio-respiratory test, electrocardiogram, 2-D echocardiogram with Doppler, and upper GI series. The internal medicine consultative report dated 05/13/2015 indicates that the injured worker complained of acid reflux, heartburn, lumbar spine pain, and migraine headaches. Her chief complaints were referred for pharmacological management and the right knee. It was noted that x-rays were taken of both knees on the day of injury. X-rays of the right knee was also performed by an orthopedic surgeon, with negative findings for fractures. An MRI of the right knee was obtained with positive findings. There was documentation that the injured worker stated that she developed gastrointestinal complaints, such as acid reflux and heartburn, due to the medications prescribed after her injury. The injured

worker also stated that after her second right knee surgery, she developed low back pain, which she attributes to her antalgic gait. The injured worker admitted to occasional chest pain; however, she denied high blood pressure, fainting, arrhythmias, palpitations, coronary artery disease, heart attack, or heart murmur. She also admitted to suffering from acid reflux; however, she denied any abdominal pain, nausea, and vomiting, diarrhea, and constipation, blood from rectum, weight change, peptic ulcer disease, or hepatitis. The objective findings include a regular heart rate and rhythm; clear lungs; a soft abdomen; and positive bowel sounds. The treating physician ordered labs and an upper GI series for further evaluation; prescribed medications to help relieve the injured worker's symptoms; and ordered cardio-respiratory testing and a 2-D echocardiogram for further evaluation of the chest pain. The injured worker continued to work for her pre-injury employer without restrictions. The treating physician requested upper GI series, Probiotics #60, Mobic 7.5mg #30, Medrox patches, ICG testing, GI profile, Cardio respiratory testing, abdominal ultrasound, AML screening, and 2-D echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Profile: 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 Medscape Internal Medicine 2014.

Decision rationale: Laboratory studies can help to accurately determine differential diagnoses. In this case, there is no specific documentation provided indicating the specific laboratory studies to be obtained and the relationship of the laboratory studies to the present plan of care. Medical necessity for the requested laboratory tests has not been established. The requested laboratory studies are not medically necessary.

AML screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: The patient has no diagnosis of leukemia. There is no specific test requested. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Cardio respiratory testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: There needs to be further clarification as to what specific test is requested. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

ICG Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Impedence cardiography (ICG) is a noninvasive technology measuring total electrical conductivity of the thorax and its changes in time to process continuously a number of cardiodynamic parameters such as a stoke volume, heart rate, cardiac output, ventricular ejection time, and pre-ejection period. There is no specific indication for this test. Medical necessity for the requested study is not established. The requested study is not medically necessary.

2D echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: A 2D echocardiogram is a sonogram of the heart. The study is used routinely in the diagnosis, management, and follow-up of patients with suspected or known heart disease. In this case, there is no reported abnormality on physical examination such as abnormal heart sounds or the presence of a murmur. The patient is to receive an EKG, which should be undertaken prior to obtaining a 2D echocardiogram. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Abdominal ultrasonography is a form of medical ultrasonography used to visualize abdominal anatomical structures. The study is used to evaluate and diagnose abnormalities in various organs such as the kidneys, liver, gallbladder, pancreas, spleen, and abdominal aorta. In this case, the patient has a diagnosis of gastropathy related to NSAID use and the abdominal exam is normal. There is no specific indication for the requested abdominal ultrasound. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Upper GI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.niddk.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: An upper gastrointestinal series is a series of radiographs used to examine the gastrointestinal tract for abnormalities. The study is used to view the appearance and function of the upper gastrointestinal tract. The study is used to monitor esophageal reflux and evaluate conditions such as dysphagia, hiatal hernia, stricture, diverticula, pyloric stenosis, gastritis, enteritis, volvulus, varices, ulcers, tumors, foreign bodies, and gastrointestinal dysmotility. In this case, the patient has gastropathy related to the use of NSAIDs and has not had an adequate trial of stopping NSAID therapy and using PPIs to alleviate her symptoms. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

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

Decision rationale: Probiotics are microorganisms that are believed to provide health benefits when consumed. Commonly claimed benefits of probiotics include the decrease of potentially pathogenic gastrointestinal microorganisms, the reduction of gastrointestinal discomfort, the strengthening of the immune system, improvement of skin function, the improvement of bowel regularity, the strengthening of the resistance to cedar pollen allergens, the decrease of body pathogens, the reduction of flatulence and bloating, the protection of DNA, the protection of protein and lipids from oxidative damage, and the maintaining of individual intestinal microbiota in subjects receiving antibiotic treatment. In this case, there is no specific indication for probiotic therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. Medrox patches are a combination of Menthol and Capsaicin. The MTUS states that Capsaicin is only recommended when other conventional treatments have failed. There was documentation that physical therapy and cortisone injection to the right knee did not provide lasting relief. The guidelines recommend the 0.025% strength for the more common indications, such as osteoarthritis, fibromyalgia, non-specific back pain. The injured worker had complained of low back pain. There is strength of 0.375% of Capsaicin in Medrox. The MTUS guidelines do not address Menthol. The treating physician's request did not include the concentration, quantity, or site of application. As such, the requested prescription is not sufficient and not medically necessary.

Mobic 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (Meloxicam) and NSAIDs, GI symptoms & cardiovascular risk Page(s): 63 and 68-69.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Mobic is a brand name for Meloxicam. Meloxicam is a non-steroidal anti-inflammatory drug (NSAID). The guidelines indicate that clinicians should weigh the indications for NSAIDs against both GI (gastrointestinal) and cardiovascular risk factors when prescribing NSAIDs. The treating physician should determine if the patient is at intermediate risk for gastrointestinal events (GI), such as over age 65, gastrointestinal history, concurrent aspirin, corticosteroid, and/or an anticoagulant, and high dose/multiple NSAID. The injured worker complained of heartburn, acid reflux, and occasional chest pain. The treating physician noted that it was possible that the injured worker suffered from gastropathy due to the use of non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. The injured worker was advised to discontinue NSAIDs, and to follow a low acid, low-fat diet. The request does not meet guideline recommendations. Therefore, the request for Mobic is not medically necessary.