MAXIMUS Federal Services

Case Number:	CM15-0128869		
Date Assigned:	07/20/2015	Date of Injury:	03/06/2007
Decision Date:	08/26/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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 45 year old male who sustained a work related injury March 6, 2007. History included hypertension. An MRI of the cervical spine, dated January 7, 2015 (report present in the medical record) revealed status post laminectomy defect L5; L2-3 1-2 mm broad-based disc protrusion; L3-4 moderate to severe bilateral neural foraminal narrowing secondary in 2-3 mm broad-based posterior disc protrusion and facet joint hypertrophy, mild canal stenosis and bilateral exit nerve root compromise; L4-5 severe neural foraminal narrowing secondary to 2-3 mm broad-based posterior disc protrusion and facet joint hypertrophy, severe canal stenosis, bilateral exiting nerve root compromise; L5-S1 posterior annular tear within the intervertebral disc, moderate to severe bilateral neural foraminal narrowing secondary to 4-5 mm broad-based posterior disc protrusion and facet joint hypertrophy, moderate canal stenosis and bilateral exiting nerve root compromise. An MRI of the lumbar spine dated January 7, 2015, part of the report is present in the medical record. On March 17, 2015, he underwent a fluoroscopic epidurography L4-5, L5-S1, transforaminal epidural steroid injection, and nerve block. According to a secondary physician's progress report, dated April 28, 2015, the injured worker presented with complaints of occasional headaches, blurred vision, sore throat, difficulty swallowing, shortness of breath, palpitations, abdominal pain, acid reflux, nausea, vomiting, intermittent diarrhea, constipation, melena, red blood per rectum, left lower back and left hip pain, and a 50 pound weight gain since the injury. Physical examination revealed; blood pressure 157/110- second blood pressure reading 138/97, heart rate 80, height 5'5" and weight 211 pounds. The lungs are clear to auscultation, heart rate and rhythm are regular with no rubs

or gallops, and the abdomen is soft with normoactive bowel sounds. Diagnoses are hypertension; abdominal pain; acid reflux; constipation, diarrhea; bright red blood per rectum; sleep disorder. At issue, is the request for authorization for a 2D Echocardiogram, abdominal ultrasound, cardio-respiratory testing, Cyclobenzaprine, gastrointestinal profile, laboratory, hypertensive laboratory profile, impedance cardiography, Miralax, Theramine, and upper gastrointestinal series.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bottle of Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.mih.gov/pubmed/1843963; Evaluation and use of polyethylene glycol in constipated patients; Baldonedo YC1, Lugo E, Uzctegui AA, Guelrud M, Skornicki J. GEN 1991; Oct-Dec; 45(4): 294-7.

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, Opioid-induced constipation treatment.

Decision rationale: Miralax is in a class of medicines called osmotic laxatives. It works by causing water to be retained in the stool. This softens the stool and increases the number of bowel movements. 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. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. Also there is no mention of dosage or frequency. The medical necessity of Miralax is not established. The requested medication is not medically necessary.

Two bottles of Theramine #60: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food, Theramine.

Decision rationale: ODG state that dietary supplements/vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Official Disability Guidelines (ODG) do not recommend Theramine for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytrytophan 95%, choline bitartrate, L-Arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The entries for 5-hydorxytryptophan, choline bitartrate, L-Arginine, histidine, L-glutamine, L-serine and GABA are given and all indicate there is no role for these supplements as treatment for chronic pain. Review of medical records mention neither any rationale, nor any documentation of deficiency. Request does not specify dosage or frequency. Therefore, the request is not medically appropriate.

Cyclobenzaprine 10mg #120, QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment 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/books/NBK2215; Chapter 4 Understanding the echocardiogram and www.ncbi.nlm.nih.gov/pubmed/3751862; Utility of electrocardiography for the early assessment of patients with non-diagnostic chest pain.

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. Echocardiography is the major noninvasive diagnostic tool for real-time imaging of cardiac structure and function. Review of records indicates that the injured worker had prior echo that was reportedly normal. The injured worker presents with multiple system complaints, no further details of these symptoms are described. No clinical findings describing the rationale for echo are provided by the treating provider. Also it is not clear if the injured worker had previous 2D Echo. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. Within the submitted medical records, the details of work related injury on March 6, 2007, could not be found. The Requested Treatment: 2D echo is not medically necessary and appropriate.

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/pubmed/8652992; Abdominal ultrasound as a screening method.

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 injured worker presents with multiple system complaints, no further details of these symptoms are described. No clinical findings describing the rationale for Abdominal ultrasound is provided by the treating provider. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. Within the submitted medical records, the details of

work related injury on March 6, 2007, cannot be found. The Requested Treatment: Abdominal ultrasound is not medically necessary and appropriate.

Upper GI series: 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/pubmedheatlh/PMH0004273; Upper Gi and small bowel series.

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

Decision rationale: A limited upper gastrointestinal (GI) contrast series is the best examination to visualize the duodenum and assess for malrotation and midgut volvulus. It can help to diagnose tumor, ulcer or hiatal hernia. When the limited upper GI series is equivocal and there is a high index of suspicion or signs of distal bowel obstruction, it may be helpful to add small bowel follow-through, repeat the study when the patient is symptomatic. The injured worker presents with multiple system complaints, no further details of these symptoms are described. Treating provide notes abdominal exam is benign. No clinical findings describing the rationale for Upper GI series is provided by the treating provider. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. Within the submitted medical records, the details of work related injury on March 6, 2007, cannot be found. The Requested Treatment: Upper GI series is not medically necessary and appropriate.

Cardio-respiratory 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/pubmed/2661123; Cardiopulmonary exercise testing.

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 cardiorespiratory or other autonomic nervous system symptoms. No clinical findings describing the rationale for cardio-respiratory testing is provided by the treating provider. 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.

Gastrointestinal (GI) profile (TSH, AML, LIPS, CMPR, HPYA, CBC): 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/pubmed/15586159; Common laboratory and diagnostic testing in patients with gastrointestinal disease.

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 injured worker presents with multiple system complaints, no further details of these symptoms are described. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. Therefore, Requested Treatment: Labs (Gastrointestinal (GI) profile (TSH, AML, LIPS, CMPR, HPYA, CBC) is not medically necessary and appropriate.

Hypertension profile (Urine Microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP, CBC: 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/pubmed/12181808; 24-hour arterial hypertension profile and heart rhythm variability in patients with arterial hypertension and NIDDM.

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 injured worker presents with multiple system complaints, no further details of these symptoms are described. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. Therefore, the Requested Treatment: Hypertension profile (Urine Microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP, CBC) is not medically necessary and appropriate.

Impedance Cardiography (ICG): 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/pmc/articles/PMC3659156.

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. Impedance cardiography (ICG) is a noninvasive test that uses changes in impedance across the thorax to assess hemodynamic parameters. The injured worker presents with multiple system complaints, no further details of these symptoms are described. Injured worker has no symptoms of heart disease or abnormal findings on exam. Medical records do not provide documentation why this test is requested, and its relationship with the industrial injury of this worker.