

Case Number:	CM15-0172389		
Date Assigned:	09/17/2015	Date of Injury:	07/03/2005
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 07-03-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for Barrett's esophagus, hiatal hernia, chest pain, shortness of breath, sleep disorder, depression, acid reflux, and constipation. Medical records (09-24-2015 to 07-09-2015) indicate ongoing constipation, poor sleep, and abdominal pain. There was no ongoing assessment of the IW activities of daily living or functional status. Per the primary treating physician's progress report (PR), the IW was permanently partially disabled; however, it was not mentioned as to whether the IW was actually working. The physical exams, dated 04-16-2015 and 07-09-2015, revealed improving abdominal pain, unchanged acid reflux and constipation, poor sleep, cervical spine pain, right shoulder pain and right hip pain. The physical exams revealed no changes with soft and normal active bowel sounds. No other exam findings were mentioned as the tenderness and range of motion evaluations were deferred to appropriate specialist. Relevant treatments have included work restrictions, and pain medications (Citrucel, Probiotics and Colace since at least 09-2014). The request for authorization (07-09-2015) shows that the following services and medications were requested: body composition study; GI laboratory testing including TSH (thyroid stimulating hormone), AML, LIPS, CMPR, HPYA, and CBC (complete blood count); Citrucel #120; Colace 100mg #60; Probiotics #60; Sentra PM #60 3 bottles; PT (unknown frequency), orthopedic consultation; and spine specialist consultation. The original utilization review (08-26-2015) denied the request for: body composition study based on the lack of data to support the need for this test; GI laboratory testing including TSH, AML, LIPS, CMPR, HPYA,

and CBC as the CBC & TSH were previously certified and results were not provided, and the AML, LIPS, CMPR and HPYA are not readily known abbreviations; Citrucel #120 based on the lack of documented efficacy; Colace 100mg #60 based on the lack of documented efficacy; Probiotics #60 based on the absence of diarrhea noted in the medical records; Sentra PM #60 3 bottles based on the absence of documented teaching and failure of sleep hygiene techniques, and lack of amino acids deficiency; PT (unknown frequency) based on the failure to provide specific physical functional deficits; and orthopedic and spine specialist consultations based on the absence of reported specific pathologies on exam, clinical data or imaging data to support additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study: 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/PMC2082845.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

Decision rationale: The California MTUS and ODG are silent as it pertains to body composition study. The national institute of health notes that there are several methods of calculating body composition, including body mass index, skin fold tests, and waist circumference. There is a lack of supporting documentation outlining a clear rationale for this study. An appropriate method for assessing body composition is to check height and weight in the outpatient clinic setting, to calculate body mass index (BMI). The request is not medically necessary.

Labs GI Profile: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw28656.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I., is not medically necessary. This injured worker has been advised against taking NSAIDs and does have active gastrointestinal illnesses. However, TSH and CBC have apparently been certified, with no knowledge of what most recent levels or trends have been, and no rationale for repeat testing. Without the above addressed, this request is not medically necessary.

Citrucel #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/cdi/citrucel.html.

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

Decision rationale: The California MTUS and ODG are silent regarding Citrucel. Drugs.com states that Citrucel is a bulk-forming laxative. It acts by absorbing water into the intestinal lumen. This helps add bulk to stool so that it can be more easily passed. Recent documentation states that the constipation is unchanged. There is no mention of dietary modifications, including increased fiber intake or focus on maintaining adequate hydration. There is no clear benefit noted with use of this agent, so as such, this request is not medically necessary.

Colace 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.nrt/drug-summary/colace-capsules?druglabelid=1023&id=4#3.

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

Decision rationale: The California MTUS and ODG are silent regarding Colace (Docusate). Drugs.com states that Colace, a stool softener, "relieves occasional constipation (irregularity)." Docusate is an anionic surfactant that helps lower the surface tension at the oil-water interface of the stool, and thus allows water and lipids or fats to enter the stool. There is no mention of dietary modifications, including increased fiber intake or focus on maintaining adequate hydration. There is no clear benefit noted with use of this agent, so as such, this request 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.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ncbi.nlm.gov.

Decision rationale: The California MTUS, and ODG are silent as it pertains to Probiotics. Ncbi.nlm.gov states that Probiotics have been proven beneficial for the treatment of diarrhea. There is no mention of significant effect in the treatment of diarrhea with the use of Probiotics, within the submitted documentation. There is no mention of education as to how to consume adequate amounts of Probiotics through diet, via yogurt, etc. The request 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 (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) Mental Illness and Stress Chapter.

Decision rationale: According to the ODG, Sentra PM is a medical food used to treat insomnia, consisting of a proprietary blend of choline and 5-HTP. It is not recommended until independent unbiased studies are published. Within the submitted documentation, there is mention of sleep disorder. There was mention of need to rule out obstructive sleep apnea, though it is not known if this diagnosis was confirmed. It is unknown what specific elements of sleep hygiene have been enforced, and how effective or ineffective the education has been. Lastly, there is no clear benefit documented as it pertains to Sentra PM and sleep pattern, and guidelines do not support use of this agent. This request is not medically necessary.

Physical Therapy (unknown frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There is no body part mentioned, and there is no frequency within the request for physical therapy. There is no clear rationale or documentation as it pertains to why physical therapy is being ordered, including goals for treatment. This request is not medically necessary.

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: California ACOEM, Chapter 2 Page 27: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management,

recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. There is no significant musculoskeletal exam demonstrating deficits that would require additional expertise in the form of an Orthopedist. There is no rationale within the submitted records. The request is not medically necessary as a result.

Spine specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: California ACOEM, Chapter 2 Page 27: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. There is no significant musculoskeletal or neurological exam demonstrating deficits that would require additional expertise in the form of a Spine Specialist. There is no rationale within the submitted records. The request is not medically necessary as a result.

Labs GI Profile: AML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, is not medically necessary. There was mention in the submitted records of previous non-certification of AML, CMPR, and HPYA as these abbreviations are not widely known, and there is no specific rationale or mention of why these specifics are being ordered. Clarification as to what exactly is being ordered remains in question. The request for Lab AML is not medically necessary.

Labs GI Profile: LIPS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, is not medically necessary. There was mention in the submitted records of previous non-certification of AML, CMPR, and HPYA as these abbreviations are not widely known, and there is no specific rationale or mention of why these specifics are being ordered. Clarification as to what exactly is being ordered remains in question. LIPS may refer to Lipase, an enzyme used to monitor pancreas status if there is suspected or known pancreatitis. There is no mention of pancreatitis in the submitted records. Again, a clear rationale or mention of the exact test remains in question. The request for Lab LIPS is not medically necessary.

Lab GI Profile: CMPR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, is not medically necessary. There was mention in the submitted records of previous non-certification of AML, CMPR, and HPYA as these abbreviations are not widely known, and there is no specific rationale or mention of why these specifics are being ordered. Clarification as to what exactly is being ordered remains in question. The request for Lab CMPR is not medically necessary.

Lab GI Profile: HPYA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, is not medically necessary. There was mention in the submitted records of previous non-certification of AML, CMPR, and HPYA as these abbreviations are not widely known, and there is no specific rationale or mention of why these specifics are being ordered. Clarification as to what exactly is being ordered remains in question. The request for Lab HPYA is not medically necessary.

Lab GI Profile: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw4260.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I., is not medically necessary. This injured worker has been advised against taking NSAIDs and does have active gastrointestinal illnesses. However, TSH and CBC have apparently been certified, with no knowledge of what most recent levels or trends have been, and no rationale for repeat testing. Without the above addressed, this request cannot be certified and is not medically necessary.