MAXIMUS Federal Services

Case Number:	CM15-0179373		
Date Assigned:	09/29/2015	Date of Injury:	09/16/2011
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 63-year-old female who reported industrial-related injuries 9-25-2008. Diagnoses have included abdominal pain, irritable bowel syndrome, gastritis with multiple gastric polyps, Barrett's mucosa; sleep apnea, hiatal hernia; weight gain; hypertension, aggravated by work-related injury, depressive disorder, anxiety, and sleep disorder. Documented treatment includes multiple medication including Citrucel, Tricor, Aspirin, Nexium, Crestor, Lisinopril, Triamterene, Carvedilol, and Xanax; and, she has been undergoing psychiatric care. She had an ultrasound on her left kidney 7-27-2015 stated as "normal" and "history of elevated serum creatinine." The injured worker has had an increase in weight. Specific rationale of individual tests requested are not visible in the provided medical records. The treating physician's plan of care includes aspirin 81 mg 30 count; probiotics; a body mass index test; bariatric profile test; diabetic profile test; thyroid stimulating hormone test; and, micro-albuminuria test. These were denied on 8-28-2015. The injured worker has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASA 81mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Aspirin is an NSAID (non-steroidal anti-inflammatory drug). The MTUS guidelines do not provide for information on Aspirin for Pain management. According to the guidelines: Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. According to the ODG guidelines, aspirin is recommended. The Usual Adult Dose for Pain: 325 to 650 mg every 4 hours as needed, up to 3 grams per day in divided doses (spondyloarthropathies may require up to 4 grams per day in divided doses). In the case of using Aspirin for cardio prophylaxis, the American Heart Association summarized that Aspirin is not appropriate for routine use except in patient who have a known history of coronary artery disease. The medical records do not reflect that this patient has a history of advanced coronary artery disease which would necessitate daily aspirin use. Likewise, NSAID therapy for chronic pain relief is not recommended due to long term medication side effects. Hence, the requested prescription is not indicated based on AHA and MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Aspirin 81mg is not medically necessary.

Body mass index test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obesity Education Initiative: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute, Obesity Research 1998, 6 Suppl 2: 51S-209S, Updated for the American Heart Association, 2015.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS guidelines, the Official Disability Guidelines (ODG) and the ACOEM Guidelines do not address this topic. Therefore, outside sources were sought. According to the American Heart Association, body composition testing can include a multitude of tests. Waist circumference and body mass index (BMI) are indirect ways to assess your body composition. Waist-to-hip ratio (WHR) is another index of body fat distribution. However, WHR is less accurate than BMI or waist circumference and is no longer recommended. BMI is a simple calculation of height versus weight in kilograms. It does

not require complex lab testing or computation. The indication for this test is unclear. The medical records provide no justification for the reason this test was ordered. The test is not a recommended routine screening test. Therefore, based on the submitted medical documentation, medical necessity for body mass index testing has not been established.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Effect of Probiotics on Gut Microbiota during the Helicobacter pylori Eradication: Randomized Controlled Trial. Oh B, Kim BS, Kim JW, Kim JS, Koh SJ, Kim BG, Lee KL, Chun J. Helicobacter. 2015 Sep 23.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of probiotic medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, probiotics are used for the short term treatment of diminished gastrointestinal flora. Use of an probiotic is not supported with this patient's current medication therapies. The patient does not have a recent history of GI infection, inflammatory bowel disease or chronic antibiotic therapy. Irritable bowel syndrome has not been proven to be successfully treated with probiotics. Therefore, based on the submitted medical documentation, the request for probiotic is not medically necessary.

Bariatric profile (B12, PTH, Folate, Ferritin, Iron panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, Initial Assessment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a PTH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of parathyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be depressed and obese at the time of physical exam. The medical records indicate that this patient has no signs or symptoms indicative of parathyroid disease. Routine parathyroid screening is not indicated without provocation. Likewise, B12 and folate tests are associated with a macrocytic anemia. This patient has no record of such a condition which would

necessitate these tests. Rationale for the ordered bariatric tests is not clearly documented in the medical record. Therefore, based on the submitted medical documentation, the request for bariatric panel is not medically necessary.

DM profile (Glyh, CBD,): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glucose monitoring.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a diabetes panel for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: "Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy." Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. The medical records document that this patient has not had prior Hemoglobin A1C tests which have been indicative of active insulin intolerance. Obesity itself is not an indication for a Hemoglobin A1C test or other tests in a diabetes mellitus profile. Therefore, based on the submitted medical documentation, the request for a diabetes panel is not medically necessary.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in obese with a diagnosis of irritable bowel syndrome at the time of physical exam. The medical records indicate that she has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not medically necessary.

UMAR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do support the fact that this patient has signs or symptoms of chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been ordered to receive a UMAR test. UMAR stands for urine microalbumin, random. The clinical documentation supports that this patient has a history of chronic kidney disease with elevated creatinine. The patient has also been diagnosed with hypertension which can cause small vessel glomuleropathy leading to progressive renal dysfunction. Microalbumin testing can facilitate the patient's nephrology evaluation and ensure that her renal disease is not progressive. Therefore, based on the submitted medical documentation, the request for urine microalbumin (UMAR) testing is medically necessary.