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| Case Number: | CM15-0179934 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 02/12/2010 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 61 year old female, who sustained an industrial-work injury on 2-12-10. She reported initial complaints of lumbar pain and abdominal distress. The injured worker was diagnosed as having lumbar radiculitis, acid reflux secondary to NSAID (non-steroid anti-inflammatory)'s, rule out ulcer-anatomical alteration, constipation, diarrhea, bright red blood per rectum, hypertension, and sleep disorder secondary to pain. Treatment to date has included medication and diagnostics. MRI results were reported on 10-20-14 of the lumbar spine that revealed mild lumbar herniated disc, and cervical spine has no new compressive lesion. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 7-14-15 that revealed chronic S1 radiculopathy on the right lower extremity. Currently, the injured worker complains of unchanged acid reflux and abdominal pain and unchanged constipation, unchanged bright red blood per rectum. There is controlled hypertension and unchanged sleep quality. Meds include Amlodipine, Gaviscon, Carafate, Citrucel, and Prevacid. Per the primary physician's progress report (PR-2) on 7-8-15, exam revealed normal bowel sounds, generalized abdominal pain, non-tender and non-distended, and no abdominal guarding noted. The Request for Authorization date was 7-8-15 and requested service to include Gaviscon (Bottle) qty: 1.00, Carafate 1gm qty: 120.00, Prevacid 30mg qty: 30.00, Interpretation services, and Specialty consultation-Ophthalmologist. The Utilization Review on 8-25-15 denied the request due to rationale for using Gaviscon with a proton pump inhibitor is not stated; no indication for use of Carafate for stomach or duodenal ulcer or other indication, use of a second proton pump inhibitor is not needed with Prevacid; lack of documentation for need for an interpreter, and diagnosis is

not stated for request for Ophthalmologist, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine) Guidelines, National Library of Medicine-National Institutes of Health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon (Bottle) qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation gaviscon.com.

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 Official Disability Guidelines (ODG) do not address this, therefore alternate guidelines were reviewed. Gaviscon, an antacid is used for relief of heartburn, acid indigestion, sour stomach and GI upset associated with these symptoms. This injured worker is already on proton pump inhibitor. The records do not indicate that PPI is not effectively controlling the symptoms. The Requested Treatment: Gaviscon (Bottle) is not medically necessary.

Carafate 1gm qty: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine/National Institute of Health.

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 Official Disability Guidelines (ODG) do not address this, therefore alternate guidelines were reviewed. Carafate is used in the management of duodenal ulcers; maintenance therapy for duodenal ulcers. The documentation does not indicate that this injured worker has duodenal ulcers. The treating provider does not provide any rationale for such treatment. The Requested Treatment: Carafate 1gm qty: 120.00 is not medically necessary.

Prevacid 30mg qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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-- Proton pump inhibitors (PPIs).

Decision rationale: According to the California MTUS (2009), proton pump inhibitor (PPI) is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs, and she is already on a different PPI (Prilosec). Review of submitted medical records do not provide clear rationale to support the appropriateness of using another PPI in this injured worker. The Requested Treatment: Prevacid 30mg qty: 30.00 is not medically necessary.

Interpretation services: 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 https://www.dir.ca.gov/t8/9795_3.html; Title 8, California Code of Regulations 9795.3. Fees for Interpreter Services.

Decision rationale: 9795.3. Fees for Interpreter Services (a) Fees for services performed by a certified or provisionally certified interpreter, upon request of an employee who does not proficiently speak or understand the English language, shall be paid by the claims administrator for any of the following events: (1) An examination by a physician to which an injured employee submits at the requests of the claims administrator, the administrative director, or the appeals board; (2) A medical treatment appointment; (3) A comprehensive medical-legal evaluation as defined in subdivision (c) of Section 9793, a follow-up medical-legal evaluation as defined in subdivision (f) of Section 9793, or a supplemental medical-legal evaluation as defined in subdivision (k) of Section 9793; provided, however, that payment for interpreter's fees by the claims administrator shall not be required under this paragraph unless the medical report to which the services apply is compensable in accordance with Article 5.6. Nothing in this paragraph, however, shall be construed to relieve the party who retains an interpreter from liability to pay the interpreter's fees in the event the claims administrator is not liable. (4) A deposition of an injured employee or any person claiming benefits as a dependent of an injured employee, at the request of the claims administrator, including the following related events: (i) Preparation of the deponent immediately prior to the deposition, (ii) Reading of a deposition to a deponent prior to signing, and, (iii) Reading of prior volumes to a deponent in preparation for continuation of a deposition. (5) An appeals board hearing, or arbitration. (6) A conference held by an information and assistance officer pursuant to Chapter 2.5 (commencing with Section 5450) of Part 4 of Division 4 of the Labor Code to assist in resolving a dispute between an injured employee and a claims administrator. (7) Other similar settings determined by the Workers' Compensation Appeals Board to be reasonable and necessary to determine the validity and extent of injury to an employee. In the submitted records, there is no information included about interpreter services. The records do not indicate that patient cannot communicate with the treating provider. The Requested Treatment: Interpretation services is not medically necessary

Specialty consultation-Ophthalmologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye Exam -- Office visits.

Decision rationale: This request is evaluated in light of ODG recommendations. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Review of Medical Records show that medical necessity of Ophthalmologist consult was decided on April 22nd, 2015. The treating provider does not indicate why repeat consult is needed. Given the lack of documentation, the request is not medically necessary.