

Case Number:	CM15-0029272		
Date Assigned:	03/25/2015	Date of Injury:	07/25/2011
Decision Date:	05/11/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 35-year-old female who reported an injury on 07/25/2011. The mechanism of injury was cumulative trauma. Her diagnoses include diabetes mellitus, abdominal pain, acid reflux, constipation, and sleep disorder. On 12/16/2014, the injured worker reported worsening abdominal pain with epigastric and right upper quadrant pain. She also reported unchanged diabetes mellitus, unchanged constipation, and unchanged sleep difficulty. She also described unchanged gastroesophageal reflux disease, alternating nausea, vomiting, unchanged weight gain, and continued chronic spinal pain. Physical examination revealed a blood pressure of 92/66, pulse of 86, Accu-Chek of 90, height of 64 inches, and weight of 203 pounds. Physical examination revealed a regular cardiac rate and rhythm, clear lungs to auscultation, a soft abdomen with positive bowel sounds, and normal neurological findings. It was noted that a urine toxicology screen was ordered, as well as gastrointestinal and diabetes mellitus profiles and hepatitis panels. It was also noted that the injured worker needed an abdominal ultrasound and upper GI series, cardiorespiratory therapy, and SudoScan. Treatment recommendations also included prescriptions for Dexilant, Citrucel, Colace, metformin, and probiotics. A request was also received for the purchase of an Accu-Chek. However, the rationale for this treatments/request was not provided in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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/pubmedhealth/PMH004236/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.ncbi.nlm.nih.gov/pubmedhealth/; Abdominal Ultrasound.

Decision rationale: According to a PubMed article, abdominal ultrasound is indicated to determine the cause of abdominal pain or kidney infections; to diagnose hernia, tumors and cancers, or ascites; to explore swelling of an abdominal organ, damage after an injury, stones in the gallbladder or kidney; or to find the cause of abnormal blood tests such as liver function tests or kidney tests. The clinical information submitted for review indicated that the injured worker reported worsening abdominal pain at her visit on 12/16/2014. However, her physical examination revealed no abnormal findings related to the abdomen. The documentation also suggested that she had previous testing performed. However, the results of previous testing and the rationale for the extensive testing recommended were not provided. In the absence of abnormal findings suggestive of significant abdominal abnormalities on physical examination or rationale for the requested abdominal ultrasound, the request is not supported. As such, the 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.ncbi.nlm.nih.gov/pubmed/2487811, Citrucel (methylcellulose/bulk-forming laxative).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Dietary fiber.

Decision rationale: According to the Official Disability Guidelines, dietary fiber is recommended for the prevention and treatment of type 2 diabetes, as there are favorable effects of various fibers on body weight reduction and satiety, cholesterol levels, fasting glycemia, and blood pressure. The clinical information submitted for review indicated that the injured worker is diagnosed with diabetes mellitus. However, details regarding her diagnosis and treatment were not provided. Therefore, it is unclear how long the injured worker has been utilizing Citrucel and whether it has been effective in the treatment of her diabetes. The clinical notes provided for review indicated that the injured worker reported no change to her diabetic status at follow-up appointments suggesting a lack of efficacy of this medication. In addition, she was noted to have constipation. However, it is unclear whether use of Citrucel has been beneficial in treating her constipation and she was noted to report no change to constipation at her follow-up visits. Therefore, there is a lack of documentation regarding her previous use of Citrucel and to

support that it has been effective in the management of her diabetes and/or constipation. Furthermore, the request as submitted did not include instructions for use and frequency. For these reasons, the request is not medically necessary.

Dexilant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68 and 69.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAIDs who are shown to be at increased for gastrointestinal events or for those with complaints of dyspepsia related to NSAID use. The documentation submitted for review does not support that the injured worker was taking NSAID medications and there was a notation with her medication list indicating that she had been advised to avoid NSAID medications. She was noted to have a diagnosis of acid reflux. However, her previous treatment for this condition was not documented. Therefore, it is unclear whether she has been taking Dexilant for this condition and whether it has been effective. Additionally, the duration of use is unknown. Furthermore, on 12/16/2014, the injured worker reported worsening epigastric pain suggesting ineffectiveness of her previous treatment. Therefore, documentation is needed regarding her previous treatment to support whether ongoing use of Dexilant or a new prescription for Dexilant would be appropriate. Furthermore, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.

Colace 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, prophylactic treatment of constipation should occur with use of opioid medications. The clinical documentation submitted for review indicated that the injured worker had chronic pain related to her cervical spine, thoracic spine, and lumbar spine. However, details regarding her treatment of this pain, to include current medications, were not provided. Therefore, it is unclear whether she is taking opioid medications to warrant concurrent use of prophylactic medications for constipation. The documentation does indicate that she reports constipation. However, she denied any change to her constipation on 12/17/2014 suggesting possible ineffectiveness of her current treatment plan. Therefore, documentation is needed regarding her previous treatment plan to include whether she was utilizing Colace prior to her appointment on 12/16/2014. In the absence of this information,

the necessity of this medication is not established. Furthermore, the request as submitted did not include a frequency. As such, the request 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 www.ncbi.nlm.nih.gov/pubmed/8737231.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.ncbi.nlm.nih.gov/pmc/articles; Cardiorespiratory Fitness Levels and its Correlates Among Adults with Diabetes.

Decision rationale: According to a PubMed article, a study has suggested that overweight and obese adults with diabetes may be at increased risk for mortality and morbidity due to low levels of cardiorespiratory fitness. Therefore, methods of measurement of cardiorespiratory fitness have been developed. The clinical information submitted for review indicated that the injured worker has diabetes and obesity. However, the documentation did not describe her previous attempts at weight loss and management of her diabetes. Therefore, it is unclear whether she has attempted previous activity modifications to manage her diabetes and lose weight to warrant additional therapy and cardiorespiratory testing. In addition, the documentation did not include a rationale for this testing or outline what would be involved and how it would be beneficial to the injured worker. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.

Sudoscan: 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/23889506.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Neurology.org, Sudoscan as a Diagnostic Tool for Diabetic and Idiopathic Peripheral Neuropathy.

Decision rationale: According to the Official Journal of the American Academy of Neurology, studies have shown SudoScan is a promising diagnostic test for diabetic and idiopathic distal symmetric polyneuropathy, which is a difficult diagnosis as nerve conduction studies are often normal. The clinical information submitted for review failed to include a rationale for the requested SudoScan. The injured worker was noted to have diabetes. However, there was no documentation indicating suspicion for significant peripheral neuropathy. Additionally, though it has shown promising results, the requested SudoScan is still under study. For these reasons, the 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.nih.gov/pubmed/21069673.

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

Decision rationale: According to the Official Disability Guidelines, compound drugs are not recommended as first line therapy and generally commercially available, FDA approved drugs should be given an adequate trial prior to use of compound drugs. Additionally, these compound type medications should include only bulk ingredients that are components of FDA approved drugs. The clinical information submitted for review failed to include documentation regarding the requested probiotics to include a brand name for the supplement and ingredients included if a special combination supplementation. In the absence of further details regarding this medication and its anticipated therapeutic benefit for the injured worker, the request is not supported. In addition, the request failed to include instructions and a frequency. As such, the request is not medically necessary.

Metformin 500mg #30: 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); Metformin (Glucophage) (updated 1/26/15).

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

Decision rationale: According to the Official Disability Guidelines, metformin is the preferred first line medication for type 2 diabetes. However, prior to the initiation of medications, the patient should try and fail lifestyle modifications to include diet and exercise. The clinical information submitted for review indicated that the injured worker diagnosed with type 2 diabetes. However, details regarding her treatment for this condition were not provided. Therefore, it is unclear whether the injured worker had tried and failed an adequate course of lifestyle modifications to include dietary changes and exercise programs. In the absence of this documentation, medications for diabetes are not supported. In addition, it is unclear how long the injured worker was utilizing metformin prior to her 12/16/2014 appointment. At the time of this appointment, she denied any change to her diabetes status. Therefore, it is unclear whether previous use of metformin was effective. In the absence of documentation to support the failure of lifestyle modifications and effectiveness of metformin, the request is not supported. In addition, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.

Accu-chek (purchase): 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); Diabetes (updated 1/26/15), Glucose monitoring.

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: According to the Official Disability Guidelines, self-monitoring of blood glucose is recommended for people with diabetes who use insulin therapy. The documentation submitted for review indicated that the injured worker does have a diagnosis of diabetes mellitus; however, there is no documentation to support that she is currently utilizing insulin therapy. Furthermore, it is unclear how often she has been instructed to test her blood sugars and whether she had previously purchased a glucose monitor. In the absence of further documentation regarding the patient's previous treatment monitoring of her diabetes, the request for purchase of an Accu-Chek monitor is not supported. As such, the request is not medically necessary.