

Case Number:	CM15-0068926		
Date Assigned:	04/16/2015	Date of Injury:	05/13/2002
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

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 56-year-old male who sustained an industrial injury on 5/13/02. The injured worker has complaints of worsening acid reflux. The diagnoses have included chronic pain syndrome, gastroesophageal reflux disease, constipation, hypertension (controlled), hyperlipidemia, and sleep disorder. Treatment has included neck fusion, and medications. Current medications include amlodipine, Nexium, Citrucel, miralax, lovaza, crestor, bystolic, linzess, and clonidine. Another physician was noted to be prescribing norco and lyrica. Some reports from the end of 2014 discuss chronic nausea treated with ondansetron, and use of omeprazole. Laboratory studies dated 9/5/14 showed elevated blood urea nitrogen and creatinine. The PR2 dated 2/3/15 noted that the injured worker reported worsening acid reflux. He reports his average blood pressure at home was 120/80. Examination showed blood pressure was 117/81, lungs were clear, heart showed regular rate and rhythm, abdomen was soft and non-tender with normoactive bowel sounds, and extremities were without edema. The physician noted additional diagnoses of fatty liver, elevated blood urea nitrogen (BUN) and proteinuria. The request was for Nexium, gastrointestinal (GI) profile, hypertension profile and urinalysis. On 3/17/15, Utilization Review (UR) non-certified requests for nexium 40 mg #30, GI profile, hypertension profile, and urinalysis, citing the MTUS and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Up-to-date: Medical management of gastroesophageal reflux disease in adults. In Up-to-date, edited by Ted W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. In this case, there was no documentation of use of NSAIDs, so use of a PPI as co-therapy would not be indicated. The injured worker was noted to have a diagnosis of gastroesophageal reflux disease (GERD), and documentation indicates treatment with omeprazole and more recently with nexium. The most recent office visit notes symptoms of worsening acid reflux. The Up-to-date reference cited states that PPIs should be used in patients who fail twice-daily histamine 2-receptor antagonist therapy, and in patients with erosive esophagitis and/or frequent (two or more episodes per week) or severe symptoms of GERD that impair quality of life. In this case, there was no documentation of failure of twice-daily histamine 2-receptor antagonist therapy, no discussion of endoscopy with findings of erosive esophagitis, and no documentation of frequency of symptoms or degree of severity of GERD symptoms that impair quality of life. Due to lack of specific indication, the request for nexium is not medically necessary.

Gastrointestinal (GI) profile: 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/18217790.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Approach to the adult with dyspepsia. Epidemiology, clinical features, and diagnosis of nonalcoholic fatty liver disease in adults. In Up-to-date, edited by Ted W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: The treating physician has provided no specific indications for a GI profile, and has not listed the specific laboratory tests to be included in this profile. Tests should not be performed without specific indications. There are many possible laboratory tests related to the gastrointestinal system, and the documentation does not indicate the specific tests to be performed. This injured worker was noted to have GERD and nausea, and a history of fatty liver was noted. Recent abdominal examination was normal. The treating physician has not provided a

reason for the request for a GI profile. Due to lack of specific indication and lack of sufficiently specific prescription, the request for GI profile is not medically necessary.

Hypertension (HTN) profile: 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/23548350.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of hypertension in adults, In Up-to-date, edited by Ted. W. Post published by Up-to-date in Waltham, MA, 2015.

Decision rationale: This injured worker has a diagnosis of hypertension, which is being treated with medication. The treating physician has provided no specific indications for a hypertension profile, and has not listed the specific laboratory tests to be included in this profile. Tests should not be performed without specific indications. There are many possible laboratory tests related to the diagnosis and treatment of hypertension, and the documentation does not indicate the specific tests to be performed. Due to lack of specific indication and lack of a sufficiently specific prescription, the request for hypertension profile is not medically necessary.

Urinalysis: 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/15791892.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Wald, Ron: Urinalysis in the diagnosis of kidney disease, In Up-to-date, edited by Ted. W. Post published by Up-to-date in Waltham, MA, 2015.

Decision rationale: The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients with suspected kidney disease or kidney stones. There was no documentation of the indication for performance of a urinalysis. The injured worker was noted to have hypertension and elevated blood urea nitrogen and creatinine, and the records note a history of proteinuria. There was no discussion of prior evaluation for elevated blood urea nitrogen and creatinine, or for proteinuria. No previous results of urine testing were submitted. The treating physician has not documented a reason for performing a urinalysis at this time, or discussion of its use in the evaluation or treatment of this injured worker. The request for urinalysis is not medically necessary based on lack of documented indication.