

Case Number:	CM15-0076599		
Date Assigned:	06/05/2015	Date of Injury:	08/24/2007
Decision Date:	07/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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 53 year old, female who sustained a work related injury on 8/24/07. She tripped over an electric cord and fell against the wall. She struck the left side of her head, left shoulder and left knee against the wall. She heard an immediate pop in her left proximal upper arm area. She did fall to the floor. The diagnoses have included gastritis, irritable bowel syndrome, diabetes mellitus, hypertension, hyperlipidemia, sleep disorder and fibromyalgia. Treatments have included physical therapy, medications, acupuncture, home exercises, dietary supplements and home exercises. In the PR-2 dated 1/29/15, the injured worker complains of worsening acid reflux. She states that her sleep quality has not changed. She states that the palpitations and shortness of breath are improving. She reports more frequent nausea and vomiting, two to three times a week. She complains of ongoing panic attacks in the middle of the night. She complains of visual changes about three times a week. On physical examination, her vital signs are stable except for a slightly elevated blood pressure. The physician is unable to visualize the fundus in eyes. Her abdomen is distended and she has some diffuse tenderness upon palpation. The treatment plan includes requests for authorization of lab tests, refills of medications, for dietary supplements, for an EKG, for impedance cardiography and for a 2D echo with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #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, Pain (Chronic), GABA done.

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, Medical Food.

Decision rationale: Gabadone is a Medical food used to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. It contains combination of choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. ODG does not recommend the use of Gabadone. The injured worker is diagnosed with Sleep Disorder. The use of Gabadone is however not recommended by guidelines. The request for Gabadone is not medically necessary by ODG.

Vanilla Sugar Free #60 with 2 refills: 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 <http://www.uptodate.com>.

Decision rationale: [REDACTED] is a commercially available liquid nutritional supplement used to increase calorie and protein intake. It is indicated in malnourished patients with Inflammatory Bowel Disease to improve nutritional status. In addition, enteral feeding has some efficacy in inducing remission in patients with active Crohn's disease. Documentation fails to support that the injured worker is diagnosed with Inflammatory Bowel disease or malnourished to establish the medical necessity for a nutritional supplement. The request for [REDACTED] Vanilla Sugar Free #60 with 2 refills is not medically necessary per guidelines.

Gaviscon #1 bottle with 2 refills: Overturned

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 <http://www.uptodate.com/contents/>.

Decision rationale: Gaviscon is an antacid used for heartburn, acid indigestion and GI upset associated with these symptoms. Documentation shows that the injured worker is diagnosed with Gastroesophageal reflux disease and Gastritis, with complains of nausea and vomiting. The

recommendation to continue Gaviscon is clinically appropriate. The request for Gaviscon #1 bottle with 2 refills is medically necessary by guidelines.

One (1) 2D Echo with Doppler: 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 <http://smartmedicine.acponline.org/content> and <http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. ECHO (Echocardiogram) is an ultrasound picture of the heart. At the time of the requested service, the injured worker reported improvement of palpitations and shortness of breath. The diagnosis of Hypertension is also noted to be labile, but fairly controlled. Documentation fails to show evidence of acute illness that was support the recommendation for additional cardiac testing. The request for One (1) 2D Echo with Doppler is not medically necessary.

One (1) ICG (Impedance Cardiography): 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 <http://www.ncbi.nlm.nih.gov/pubmed>.

Decision rationale: Impedance cardiography (ICG) is a noninvasive technology measuring total electrical conductivity of the thorax and its changes in time to process continuously a number of to measure physiologic cardiodynamic parameters. In hospitalized patients with advanced heart failure, ICG provides some information about Cardiac Output. The injured worker is diagnosed with Hypertension. At the time the requested ICG, documentation failed to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request for One (1) ICG (Impedance Cardiography) is not medically necessary per guidelines.

One (1) EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Medical Management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Aug 1 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.acponline.org/> and <http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise, Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is diagnosed with Hypertension. At the time the EKG in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request for One (1) EKG is not medically necessary per guidelines.

One (1) VITD 25-OH Lab: 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 <http://www.mayoclinic.org/>.

Decision rationale: Vitamin D deficiency is known to weaken bones, but the role vitamin D may play in developing high blood pressure and heart disease is stated to be less clear. Documentation fails to show evidence to support the medical necessity for checking Vitamin D level at the time of the requested service. The request for One (1) VITD 25-OH Lab is not medically necessary.

Probiotics #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing and Supportive Care. Irritable bowel syndrome in adults. Diagnosis and management of irritable bowel syndrome in primary care. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 27 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com> and <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Probiotics are live, nonpathogenic bacteria sold in fermented foods or dairy products as formulations. They are available over the counter and in health food stores. Per guidelines, Probiotics may be used in the treatment of Irritable Bowel Syndrome (IBS). The injured worker is diagnosed with symptomatic IBS. The recommendation for Probiotic use is clinically reasonable. The request for Probiotics #60 with 2 refills is medically necessary per guidelines.

One (1) Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation supports that the injured worker is at low risk of addiction or aberrant behavior and there is documentation of recent urine drug screen that is consistent with prescribed medications. Per guidelines, the injured worker should be tested yearly thereafter. The request for One (1) Urine Toxicology is not medically necessary per guidelines.