

Case Number:	CM15-0076733		
Date Assigned:	06/05/2015	Date of Injury:	04/15/2011
Decision Date:	07/10/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/22/2015

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: Emergency 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 30 year old male who sustained an industrial lifting injury to his lower back on 04/15/2011. The injured worker was diagnosed with cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right shoulder impingement. The injured worker also has a medical history of hypertension, hyperlipidemia, gastroesophageal reflux disorder (GERD), anxiety, depression and rule out diabetes mellitus. The injured worker underwent left L4-L5 laminotomy, foraminotomy and microdiscectomy with decompression in February 2013, and L4-L5 transforaminal lumbar interbody fusion in Sept 2014. Treatment to date includes diagnostic testing, lumbar surgery, acupuncture therapy, physical therapy, multiple consultations, psychological evaluation and medications. According to the treating physician's progress report on February 27, 2015, the injured worker continues to experience low back pain radiating into the left leg with numbness. Examination of the cervical spine noted a decreased in normal lordosis with tenderness to palpation and spasm over the paravertebral muscles into the trapezius muscles bilaterally. Axial head compression test and Spurling's were positive on the right. There was decreased range of motion on extension and flexion and right lateral rotation. There was no facet tenderness noted. The right shoulder was tender to palpation over the acromioclavicular joint with decreased range of motion, decreased shoulder abductors muscle testing and positive impingement on the right. Examination revealed an antalgic gait on the left exacerbated by heel-toe walk. The injured worker ambulates with a cane. A urine drug screening was performed due to previous inconsistent results and aberrant behavior. Recent medications noted were Norco,

Buprenorphine, Nexium and alprazolam. Treatment plan consists of cardiorespiratory testing, Lexiscan, low sodium diet, blood pressure diary and the current request for a SudoScan, Aspirin 81mg, Atenolol, Gaviscon, HCTZ (hydrochlorothiazide), Hypertensa, Nexium and Simethicone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of HCTZ 25mg #30 with 2 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/hctz.html>.

Decision rationale: CAMTUS and ODG guidelines are silent on this topic. According to the above listed reference, "HCTZ treats fluid retention (edema) in people with congestive heart failure, cirrhosis of the liver, or kidney disorders, or edema caused by taking steroids or estrogen. This medication is also used to treat high blood pressure (hypertension)." The documentation from the day this medication was requested lists a diagnosis of hypertension. The documentation from this day does not list the medications the Injured Worker was currently taking. It is unknown if the IW was taking medications for blood pressure. As such, it is unclear if this is a request for ongoing medication already in use or a new medication. The Injured Worker BP was reported normal on the day of this exam. Without clarity of this medication's use, the request for a prescription with multiple refills is not medically necessary.

1 Sudo scan: 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/pmc/articles/PMC3817891/>.

Decision rationale: CA MTUS and ODG guidelines are silent on this topic. Sudo scan measures electrochemical skin conductance of the hand and feet. This test can be used for the early detection of diabetes. It is not clear from the records why the requesting provider requested this test for this Injured Worker. There were no documented signs or symptoms suggestive of a diabetic condition. There were physical exam findings that were noted to be concerning to the requesting provider. There was no documentation of a finger stick blood glucose, venous glucose level or hemoglobin A1C. Without documentation to support findings concerning for diabetes mellitus or the rationale for requesting such a test, the request for a Sudo scan is not medically necessary.

1 prescription of Atenolol 50mg #60 with 2 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/atenolol.html>.

Decision rationale: CAMTUS and ODG guidelines are silent on this topic. According to the above listed reference, "Atenolol is in a group of drugs called beta-blockers. Beta-blockers affect the heart and circulation. Atenolol is used to treat angina (chest pain) and hypertension. It is also used to treat or prevent heart attack." The documentation from the day this medication was requested lists a diagnosis of hypertension. The documentation from this day does not list the medications the IW was currently taking. It is unknown if the Injured Worker was taking medications for blood pressure. As such, it is unclear if this is a request for ongoing medication already in use or a new medication. The Injured Worker blood pressure was reported normal on the day of this exam. Without clarity of this medication's use, the request for a prescription with multiple refills is not medically necessary.

1 prescription of Nexium 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May 12 p.

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

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The date this medication was requested, the IW reported abdominal pain and acid reflux. Past medical history does not include any gastrointestinal disorders. The physical examination from this date documented an unremarkable abdominal exam. The Injured Worker was advised to avoid NSAIDs. There was not current medication list documented at this appointment. It is unclear if this is a request for ongoing medication already in use or a new medication. If this is a new medication, the Injured Worker should be re-evaluated after a trial to test efficacy. If this is an ongoing medication, the Injured Worker reports complaints of acid reflux. Perhaps a different gastrointestinal protectant should be initiated. Particularly since aspirin was also requested at this visit. The request for Nexium with refills is not medically necessary.

1 prescription of Gaviscon 1 bottle with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.

Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May 12 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/gaviscon-chewable-tablets.html>.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The date this medication was requested, the IW reported abdominal pain and acid reflux. Past medical history does not include any gastrointestinal disorders. The physical examination from this date documented an unremarkable abdominal exam. The Injured Worker was advised to avoid NSAIDs. There was not current medication list documented at this appointment. It is unclear if this is a request for ongoing medication already in use or a new medication. If this is a new medication, the Injured Worker should be re-evaluated after a trial to test efficacy. If this is an ongoing medication, the Injured Worker reports complaints of acid reflux. Perhaps a different gastrointestinal protectant should be initiated. Particularly since aspirin was also requested at this visit. The request for gaviscon with refills is not medically necessary.

1 prescription of Simethicone 80mg #60 with 2 refills: Upheld

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. (Clinical guideline; no. 61).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/simethicone.html>.

Decision rationale: Ca MTUS and ODG are silent. According to the above reference, "Simethicone is used to relieve painful pressure caused by excess gas in the stomach and intestines." The date this medication was requested, the Injured Worker reported abdominal pain and acid reflux. Past medical history does not include any gastrointestinal disorders. The physical examination from this date documented an unremarkable abdominal exam. The Injured Worker was advised to avoid NSAIDs. There was not current medication list documented at this appointment. It is unclear if this is a request for ongoing medication already in use or a new medication. If this is a new medication, the Injured Worker should be re-evaluated after a trial to test efficacy. If this is an ongoing medication, the Injured Worker reports complaints of acid reflux. Perhaps a different gastrointestinal protectant should be initiated. Particularly since aspirin was also requested at this visit. The request for gaviscon with refills is not medically necessary.

1 prescription of ASA 81mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guideline Developing Team. Cardiometabolic risk management guidelines in primary care. Qatif (Saudi Arabia): Qatif Primary Care Health Care; 2011 124 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/aspirin.html>.

Decision rationale: Ca MTUS and ODG are silent on this topic. According to the above reference, aspirin "works by reducing substances in the body that cause pain, fever, and inflammation. Aspirin is used to treat pain, and reduce fever or inflammation. It is sometimes used to treat or prevent heart attacks, strokes, and chest pain (angina)." The documentation from the day of medication request does not list the medications the Injured Worker was currently taking. It is unknown if the Injured Worker has been taking this medication. It is also unclear why the provider is prescribing this medication. As such, it is unclear if this is a request for ongoing medication already in use or a new medication. Without clarity of this medication's use, the request for a prescription with multiple refills is not medically necessary.

1 prescription of Hypertensa #60 with 2 bottles: 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 ODG pain - medical foods and Other Medical Treatment Guidelines <http://nutrientpharmacology.com/hypertensa.html>.

Decision rationale: Hypertensa is a medical food that is reported to promote nitric oxide in the arterioles and aid in the management of hypertension. CA MTUS is silent on this topic. ODG guidelines state medical food is not recommended for chronic pain as "they have not been shown to produce meaningful benefits or improvements in functional outcomes." ODG further states "there are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." The documentation from the day this medication was requested lists a diagnosis of hypertension. The documentation from this day does not list the medications the Injured Worker was currently taking. It is unknown if the Injured Worker was taking medications for blood pressure. As such, it is unclear if this is a request for ongoing medication already in use or a new medication. The Injured Worker blood pressure was reported normal on the day of this exam. Without clarity of this medication's use, the request for a prescription with multiple refills is not medically necessary.