

Case Number:	CM15-0079083		
Date Assigned:	05/05/2015	Date of Injury:	07/08/2010
Decision Date:	06/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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 48-year-old male, who sustained an industrial injury on 7/8/10. The diagnoses have included Idiopathic pulmonary fibrosis (IPF) with bilateral lung transplant on 7/8/12, depression, anxiety, Gastroesophageal reflux disease (GERD), Diabetes Mellitus and memory loss. Treatment to date has included medications, diagnostics, psychiatric, surgery and home exercise program (HEP). The diagnostic testing that was performed included chest x-ray, labs, Electrocardiogram (EKG), and pulmonary function studies. Currently, as per the physician progress note dated 3/18/15, the injured worker returns for follow up visit with good pulmonary function and no pulmonary symptoms. He complains of pain and aching in the chest area, lung sounds are clear and sternotomy incision site is well healed. The blood pressure is 124/85, weight is 211 pounds and oxygen saturation is 96 percent. The injured worker complains of labile mood as he has not been taking Wellbutrin. The hemoglobin A1C was elevated and the glucose level was elevated. The physician noted that he will require medication re-fills, continue with psychiatrist, continue with therapist and follow up in 3 months for labs, CXR and pulmonary function test. The physician requested treatments included Clotrimazole 10mg with 11 refills, Docusate 100mg with 11 refills, Ferrous Sulfate 325mg with 11 refills, Fluticasone spray with 11 refills, Freestyle lancets, MG Plus tab 133mg with 11 refills, Multi-Vitamin 1 daily with 11 refills, Mycophenolate Mofetil 750mg with 11 refills, Oyster Shell Tab with 11 refills, Polyethylene glycol 17gm with 11 refills, Prednisone 5mg with 11 refills, Sertraline SR 300mg with 11 refills, Sulfamethoxazole/Trimethoprim 80/400mg with 11 refills, Tacrolimus 1mg with 11 refills, Tacrolimus 0.5mg with 11 refills and Zolpidem 5mg with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clotrimazole 10mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Clotrimazole.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date and Lexicomp online.

Decision rationale: Clotrimazole lozenge is used to prevent and treat oro-pharyngeal thrush, yeast infections. The injured worker has been on this medication for many years. Medical Documentation does not provide any rationale or diagnosis of oral thrush. Request does not specify strength, frequency, or quantity. Therefore this request is not medically necessary.

Docusate 100mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Docusate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Medical Documentation does not maintain chronic constipation diagnosis and the injured worker does not present with any symptoms of constipation. Request does not specify strength, frequency and quantity. ODG state increasing physical activity, appropriate hydration and proper diet as first line treatment for opioid induced constipation. Therefore, this request is not medically necessary.

Ferrous Sulfate 325mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.umm.edu/altmed/articles/iron-000309.htm> - Iron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

Decision rationale: Medical Records indicate the injured worker is on this medicine but does not provide any rationale. There is no mention of iron deficiency anemia. There is also no strength, frequency, or quantity listed in the request. According to US National Library of Medicine, Ferrous sulfate is used to treat or prevent iron deficiency anemia. Therefore, this request is not medically necessary.

Fluticasone spray with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Fluticasone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

Decision rationale: Fluticasone is used topically to relieve corticosteroid responsive dermatoses and intranasally for symptomatic relief of allergic and non-allergic rhinitis. Medical Records do not provide a clear indication of its use by the injured worker. Also there is no strength, frequency, or quantity listed in the request. Therefore, this request is not medically necessary.

Freestyle lancets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The injured worker is noted insulin dependent diabetic, the request does not list any quantity. ODG recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Therefore, this request is not medically necessary.

MG Plus tab 133mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/magnesium-oxide.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter -- Medical Food.

Decision rationale: Review of medical records neither mentions any rationale, nor any documentation of Magnesium deficiency. Request does not specify strength, frequency and quantity. ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Therefore, this request is not medically necessary.

Multi-Vitamin 1 daily with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://consensus.nih.gov/2006/multivitaminstatement.htm#q3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter -- Medical Food.

Decision rationale: Review of medical records neither provides any rationale, nor any documentation of vitamin deficiency. Request does not specify strength, frequency and quantity. ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Therefore this request is not medically necessary.

Mycophenolate Mofetil 750mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mycophenolate-mofetil.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date and Lexicomp online.

Decision rationale: The injured worker is status post bilateral lung transplant and has to be maintained on immunosuppressive regime, but the request does not provide any information about dosage, frequency, or quantity Mycophenolate Mofetil is an immunosuppressive agent that is used to prevent organ rejection in transplant recipients. Review of Medical Records indicates that this request was modified with 2 refills on 04/23/2015. Therefore, this request is not medically necessary.

Oyster Shell Tab with 11 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Medical Food.

Decision rationale: Review of medical records neither mentions any rationale, nor provides any documentation of vitamin deficiency. Request does not specify strength, frequency and quantity. ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Therefore, this request is not medically necessary.

Polyethylene glycol 17gm with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on

the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Polyethylene glycol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Medical Documentation does not maintain chronic constipation diagnosis and the injured worker does not present with any symptoms of constipation. Also noted is the approval request for another Laxative, Docusate. Request does not specify strength, frequency and quantity. ODG state increasing physical activity, appropriate hydration, and proper diet as first line treatment for opioid induced constipation. Therefore, this request is not medically necessary.

Prednisone 5mg with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Prednisone.

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

Decision rationale: The injured worker is status post bilateral lung transplant and has been maintained on immunosuppressive regime, which includes low dose Prednisone. Prednisone is a common immunosuppressant after transplant, but the request does not provide any information about frequency, or quantity. Review of Medical Records indicates that this request was modified with 2 refills on 04/23/2015. Therefore, this request is not medically necessary.

Sertraline SR 300mg with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: MTUS Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain, but they may have a role in treating secondary depression. The injured worker does not maintain a diagnosis of chronic depression and also request does not specify strength, frequency and quantity. Therefore, this request is not medically necessary.

Sulfamethoxazole/Trimethoprim 80/400mg with 11 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 - TWC, Infectious Diseases Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Up-to-date Prophylaxis of infections in solid organ transplantation.

Decision rationale: Solid organ transplant recipients are considered to be at "high risk" for developing infection; individual risk is determined by a relationship between the epidemiologic exposures of the individual and the patient's "net state of immunosuppression" [1]. The successful prevention of infection in the solid organ transplant recipient requires an understanding of these factors in order to develop a preventive strategy adapted for each individual. The injured worker is status post bilateral lung transplant and has been maintained on Sulfamethoxazole/Trimethoprim 80/400mg, but the request does not provide any information about frequency, or quantity. Review of Medical Records indicates that this request was modified with 2 refills on 04/23/2015. Therefore, this request is not medically necessary.

Tacrolimus 1mg with 11 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate and Lexicomp online.

Decision rationale: The injured worker is status post bilateral lung transplant and has to be maintained on immunosuppressive regime, but the request does not provide any information about frequency, or quantity Tacrolimus is an immunosuppressive agent that is used to prevent organ rejection in transplant recipients. Review of Medical Records indicates that this request was modified with 2 refills on 04/23/2015. Therefore, this request is not medically necessary.

Tacrolimus 0. 5mg with 11 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate and Lexicomp online.

Decision rationale: The injured worker is status post bilateral lung transplant and has to be maintained on immunosuppressive regime, but the request does not provide any information about frequency, or quantity. Tacrolimus is an immunosuppressive agent that is used to prevent organ rejection in transplant recipients. Review of Medical Records indicates that this request was modified with 2 refills on 04/23/2015. Therefore, this request is not medically necessary.