

Case Number:	CM15-0094269		
Date Assigned:	05/20/2015	Date of Injury:	07/05/2011
Decision Date:	10/05/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 54 year old female, who sustained an industrial injury on 7/5/11. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder sprain/strain; lumbar spine strain/sprain; lumbar disc syndrome; right sciatica; lumbar spine spondylosis; headaches. Treatment to date has included status post right shoulder arthroscopy (8/2/13); physical therapy; TENS unit; urine drug screening; medications. Diagnostics included MRI left shoulder (2/24/15); MRI cervical spine (3/6/15); Ultrasound abdomen (3/27/15). Currently, the PR-2 notes dated 4/10/15 indicated the injured worker was in the office on this date for pain management consultation and treatment. She complains of headache, bilateral cervical; bilateral cervical dorsal; upper thoracic as well as bilateral mid and bilateral lower thoracic, bilateral lumbar, bilateral sacroiliac, bilateral buttock, bilateral pelvic, right posterior and anterior hand; bilateral anterior and posterior arm and shoulders; bilateral feet pain. She rates the discomfort as 8/10 and noticeable approximately 100% of the time. At its worst 10/10 and its best is rated 7/10. She complains of numbness and tingling in the right upper extremity from shoulder to hand. She also notes she experiences dizziness; notable anxiety and stress and insomnia. Medications and rest makes the pain feel better. She admits to tenderness in all of these areas on palpation. She has a well healed post-surgical scar on the right shoulder with "empty can's" impingement syndrome. The MRI of the left shoulder dated 2/24/15 impression notes a subchondral cyst of the superior aspect of the humeral head 15mm; tear of the supraspinatus tendon at insertion site with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear. The Ultrasound of abdomen dated 3/27/15 impression reveals no sonographic evidence of acute cholecystitis. There is a reported calcification in the right lobe

of the liver that states it is most likely benign. The Provider has requested: Dexilant 60 MG Qty 90 ; Gaviscon (Bottle) Qty 3; Citrucel Qty 360; Probiotics Qty 180; Linzess 145 MCG (Qty Unspecified); EKG and Translation Service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or a current active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that they have an active h. pylori infection. The patient has received treatment for infection in the past. The patient has no documentation of why chronic PPI therapy is necessary. His GERD is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection as of their most recent clinic visit. Therefore, based on the submitted medical documentation, the request for Dexilant prescription is not medically necessary.

Gaviscon (Bottle) Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines for Gaviscon, http://www.accessdata.fda.gov/scripts/cder/ob/docs/obdetail.cfm?Appl_No=018685&TABLE1=OB_OTC.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of antacid

medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, antacids are used for the short-term treatment of heartburn and flatulence. Use of an antacid is not supported with this patient's NSAID and opiate therapy. Therefore, based on the submitted medical documentation, the request for Gaviscon is not medically necessary.

Citrucel Qty 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Constipation in Older Adults. Mounsey A, Raleigh M, Wilson A. Am Fam Physician. 2015 Sep 15; 92 (6): 500-4.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of this medication. Therefore, outside sources were sought. Citrucel is methylcellulose. It is approved for short term relief of constipation but acting as a bulking laxative. The clinical records submitted do support the fact that this patient has chronic opioid induced constipation. However, the records do not support the use of this medication for that indication. Therefore, based on the submitted medical documentation, the request for citrucel is not medically necessary.

Probiotics Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Effect of Probiotics on Gut Microbiota during the Helicobacter pylori Eradication: Randomized Controlled Trial. Oh B, Kim BS, Kim JW, Kim JS, Koh SJ, Kim BG, Lee KL, Chun J. Helicobacter, 2015 Sep 23.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of probiotic medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, probiotics are used for the short-term treatment of diminished gastrointestinal flora. Use of probiotics is not supported with this patient's NSAID and opiate therapy. Therefore, based on the submitted medical documentation, the request for probiotics is not medically necessary.

Linzess 145 MCG (Qty Unspecified): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids & other medications Page(s): 123.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a liness prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The requested liness prescription requested does not have a quantity or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for Liness prescription is not medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient has no documented cardiac risk factors, the patient's lab results do not demonstrate any positive troponins, CPK or CKMB tests which would indicate myocardial ischemia. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not medically necessary.

Translation Service: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JAMA. 1995 Oct 4; 274 (13): 1002-4. Computer-based medical translator system helps bridge language gap between physician, patient, Gunby P.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this service for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of translator services. Therefore, outside sources were sought. Patient translation services are necessary when the patient has been documented to be unable to express their concerns and needs within a mutual language shared by the provider. A review of the medical documentation does not support that a translator has been necessary for prior patient encounters. There is no indication

why a translator is now necessary for patient interaction. Therefore, based on the submitted medical documentation, the request for translator services is not medically necessary.