

Case Number:	CM15-0095744		
Date Assigned:	05/22/2015	Date of Injury:	06/10/2013
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 06/10/2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/29/2015 the injured worker has reported cervical spine, lumbar spine, bilateral shoulder and bilateral upper extremities pain. On examination of the right elbow revealed tenderness over the proximal common extensor tendon with limited flexion and extension because of pain. Pain with resisted wrist extension was noted. The diagnoses have included multilevel cervical disc herniation, status post anterior cervical fusion at C6-C7, lumbar disc herniation and right elbow lateral epicondylitis. Treatment to date has included medication Soma and Norco, Xanax. The injured worker underwent radiofrequency right lumbar facet neurotomy at L4-L5 and L5-S1 under fluoroscopy. The provider requested Dexilant Qty 60 and Impedance cardiography (ICG). Patient sustained the injury due to cumulative trauma. Patient had received cortisone injections in neck and ESI in lumbar region. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient has had abdominal ultrasound on 3/13/15 that was normal. The patient has had ICG on 3/18/15 that revealed SVRI 2797, systolic BP 145 and mean BP 107; EKG on 3/18/15 that revealed sinus bradycardia. The medication list include Hydrocodone, alprazolam, Soma, Diclofen and Baclofen. Per note dated 3/18/15 patient had complaints of worsening of abdominal pain, BP, acid reflux and constipation. Physical examination revealed regular rate and rhythm of heart and normal respiratory and cardiovascular examination. Recent examination of the respiratory and cardiovascular system was not specified

in the records provided. Patient has received an unspecified number of PT visits for this injury. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant Qty 60: Upheld

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

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

Decision rationale: Request: Dexilant Qty 60 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The medical necessity of the request for Dexilant Qty 60 is not fully established in this patient.

Impedance cardiography (ICG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/14586231].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Recent developments in cardiac output determination by bioimpedance: comparison with invasive cardiac output and potential cardiovascular applications. Moshkovitz Y, Kaluski E, Milo O, Vered Z, Cotter G Curr Opin Cardiol. 2004;19(3):229. Cardiology Department, Assaf-Harofeh Medical Center, Zerifin, Israel. Bench to bedside: electrophysiologic and clinical principles of noninvasive hemodynamic monitoring using impedance cardiography. Summers RL, Shoemaker WC, Peacock WF, Ander DS, Coleman TG Acad Emerg Med. 2003;10(6):669. Department of Emergency Medicine, University of Mississippi Medical Center, Jackson 39216, USA.

Decision rationale: Impedance cardiography (ICG). 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 cardiodynamic parameters, such as Stroke Volume, SV, Heart Rate, HR, Cardiac Output, CO, Ventricular Ejection Time, VET, Pre-ejection Period and others. In contrast to other technologies, which use man-made transducers to measure physiologic parameters, the unique feature of ICG is that it uses the body segment (I.e., the thorax) as a transducer. MTUS Guidelines and ODG do not address this request. Per the cited references "In a few preliminary studies bioimpedance-determined cardiac output was found useful in the diagnosis, risk stratification, and treatment titration of some cardiovascular conditions. Further, larger prospective studies are required to determine the true independent value of cardiac output measurement by bioimpedance for the evaluation of cardiovascular diseases and especially heart failure." Per note dated 3/18/15 physical examination revealed regular rate and rhythm of heart and normal respiratory and cardiovascular examination. A recent examination of the respiratory and cardiovascular system was not specified in the records provided. Results of preliminary tests like EKG, CBC, before performing impedance cardiography were not specified in the records provided. The medical necessity of Impedance cardiography is fully not established for this patient at this time, based on the clinical information submitted for this review and the peer reviewed guidelines referenced.