Independent Medical Review Final Determination Letter

Dated: 12/16/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	6/26/2003
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005492

DEAR

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations,

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 67-year-old female with a reported date of injury of 07/02/1970 through 06/26/2003. The mechanism of injury is described as a repetitive trauma while at work. On 09/18/2012, she was seen in clinic for complaints regarding neck pain, low back pain, right hand pain, left ankle pain, and left hand pain. Her strength was decreased in the left lumbar spine, particularly in flexion and extension, and she was prescribed Relafen, omeprazole, and a Medrox patch. On 04/18/2013, she was seen back in clinic noting improving abdominal pain, constipation, sleep quality, and acid reflux. She did complain of urinary frequency at night. Prilosec, Citrucel, and Sentra PM were her medications at that time and a GI consultation was requested. Abdominal ultrasound was performed revealing it to be a negative study. On 06/26/2013, a helicobacter pylori breath analysis was performed and this was positive with a diagnosis of abdominal pain, GERD, and constipation. On 06/26/2013, she was seen back in clinic and noted improving acid reflux but no change in her constipation with a bowel movement noted every other day. She stated her abdominal pain and sleep quality with Sentra were both okay at that time. A urine toxicology screen was ordered and performed at that time. Medications included Prilosec and Colace. On 07/31/2013, she was taken to surgery for chest pain, heartburn, and abdominal pain with a postoperative diagnosis of gastritis and the procedure performed was esophagogastroduodenoscopy with biopsy. The diagnoses include chest pain, heartburn, abdominal pain, cervical disc syndrome, bilateral carpal tunnel syndrome, lumbar spine spondylosis, low back syndrome, lumbar disc disease with left leg sciatica, and depression. The plan was to proceed with a urine toxicology screen, give her a prescription on Sentra PM and a prescription of Colace, and perform an h. pylori test.

IMR DECISION(S) AND RATIONALE(S)

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

1. One urine toxicology screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidleines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 43 and 78, which is a part of the MTUS .

The Physician Reviewer's decision rationale:
The rationale for why a urine toxicology screen is not medically necessary is that MTUS Chronic Pain Guidelines indicate this test is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The review of the records do not indicate this employee being on any significant narcotic medications or any drugs for which aberrant behavior would be anticipated. There is no indication that in the most recent past that the employee consumed illegal drugs. MTUS Chronic Pain Guidelines go further indicating that for patients on opiate type medications, the 4 A's should be monitored. This includes analgesic, activities of daily living, adverse side effects, and aberrant drug taking behavior. For patients on opiate medications, a urine drug screen would be an appropriate tool to use. As such, the records do not indicate a medical necessity for this urine drug screen at this time. **The request for one urine toxicology screen is not medically necessary and appropriate.**

2. One prescription of Sentra PM #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), pain chapter, medical foods, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:
The rationale for why the requested treatment is not medically necessary is that Sentra PM is a medical food. MTUS/ACOEM does not specifically address nor does MTUS Chronic Pain Guidelines. The Official Disability Guidelines, in discussing medical foods, indicates certain criteria must be met for this product to be considered medically necessary including the product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, the product must be used under medical supervision as well. Sentra PM is a proprietary formulation of amino acids designed to enhance sleep. A review of the records indicates that the exact combination of products in this medical food has not been documented. The last clinical note provided for this review is of the 07/31/2013 procedure. After that, the records are silent in describing this employee's complaints, in particular are silent in describing any complaints of a sleep disorder or sleep disturbances. As such, rationale for this medical food has not been demonstrated by the records. **The request for one prescription of Sentra PM #60, is not medically necessary and appropriate.**

3. One prescription of Colace 100mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the National Guidelines Clearinghouse, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 77, which is a part of the MTUS and the ODG, opioids induced constipation as well as the PDR (Physican Desk Reference-Colace), which are not a part of the MTUS.

The Physician Reviewer's decision rationale:
The rationale for why the requested treatment is not medically necessary is that this medication is designed for constipation. In their discussion of opiates, MTUS Chronic Pain Guidelines indicate that prophylactic treatment of constipation should be initiated. Additionally, the Official Disability Guidelines in support of the MTUS Chronic Pain Guidelines also indicate that constipation that is opiate induced should be treated review of the records do not indicate this employee has been consuming opiates nor has opiate induced constipation. In support of the MTUS Chronic Pain Guidelines and the Official Disability Guidelines Medication Chapter, PDR was utilized. Their description of Colace is that this medication is a stool softener and it makes bowel movements softer and easier to pass. It is used to treat or prevent constipation and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. The last clinical note dated 07/31/2013 is of a procedure in which this employee had esophagogastroduodenoscopy with a biopsy. The records are silent after that in describing this employee's complaints of constipation. The records do not indicate that the employee has been prescribed opiates or has opiate induced constipation. **The request for one prescription of Colace 100mg #60 is not medically necessary and appropriate.**

4. One H. pylori breath test is not medically necessary and appropriate.

The Claims Administrator based its decision on the National Guidelines Clearinghouse, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision onon the PDR (Physician Desk Reference), H. Pylori breath test, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:
A review of the records indicates that the rationale for why the requested treatment is not medically necessary is that an h. pylori breath test was performed on 06/26/2013 and this employee was found to be positive. The diagnoses included abdominal pain, GERD, and constipation. On 06/26/2013, the employee was seen for a secondary treating physician's progress report and noted improving acid reflux with no change in the constipation. Noted was a bowel movement every other day. The MTUS/ACOEM, MTUS Chronic Pain Guidelines, and Official Disability Guidelines do not specifically discuss this test. In their discussion, PDR (Physician Desk Reference) indicates that testing is most often done to diagnose an h. pylori infection if there is a peptic ulcer currently or if a peptic ulcer has been documented in the past and the claimant was never tested for h. pylori. Testing may be done for dyspnea or indigestion with a feeling of fullness or heat or burning or pain in the area between the naval and the lower part of the breastbone during or after eating. They indicate that testing is most often done only when the indigestion is new and the person is younger than 55 and no other worrisome symptoms are present. The records do not indicate this employee had a feeling of fullness or heat or burning or pain in the specified area and the employee is older than 55 years of age and there were no new complaints of indigestion at the time testing was performed. **The request for one H. pylori breath test is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the

practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.