MAXIMUS Federal Services

Case Number:	CM13-0027671		
Date Assigned:	11/22/2013	Date of Injury:	08/12/2004
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 08/12/2004. The mechanism of injury was not provided for review. The patient developed gastrointestinal disturbances as a result of chronic non-steroidal anti-inflammatory drug use. The patient underwent upper GI with air contrast with KUB that revealed no gross abnormalities within the gastric body. The patient's symptoms were managed with medications. The patient's most recent clinical examination revealed no changes in her hypertension, gastroesophageal reflux symptoms, or sleep quality. It was noted that she had gained 2-1/2 pounds since the last visit. Physical findings included a soft abdomen with normoactive bowel sounds. The patient's diagnoses included gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, hypertension uncontrolled, hyperlipidemia, sleep disorder, and splenomegaly. The patient's treatment plan included fasting labs, a sleep study, consultation with a gastroenterologist, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Sentra PM #60, two bottles for two months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Theramine.

Decision rationale: The prescription of Sentra PM #60, two bottles for two months is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain. The Official Disability Guidelines do not support the use of Theramine, a medical food, as there is a lack of scientific evidence to support efficacy. Additionally, as the patient has been on this medication for an extended duration the continuation of this medication according to the California Medical Treatment and Utilization Schedule should be supported by symptom response and functional benefit. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptom response as it is related to this medication. As such, the requested prescription of Sentra PM #60, two bottles for two months is not medically necessary or appropriate.

Request for prescription for Miralax 1 bottle, 17 g with 8 oz. of water: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation RX List, Internet Drug Index. http://www.rxlist.com/miralax-drug.htm

Decision rationale: The requested prescription for Miralax 1 bottle, 17 g with 8 oz. of water is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain complaints. It is also noted that the patient is diagnosed with gastroesophageal reflux disease. An online resource, RXList.com, recommends that Miralax be used for occasional constipation. It is stated that this product should not be used for a period of longer than 7 days. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. Additionally, the California Medical Treatment and Utilization Schedule recommends medications used in the management of the patient's chronic pain are supported by functional benefit and symptom response. The clinical documentation submitted for review lacks any documentation of functional benefit or symptom response as it is related to this medication. As such, the requested prescription for Miralax 1 bottle, 17 g with 8 oz. of water is not medically necessary or appropriate.

Request for probiotics, #60, twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Food and Drug Administration, http://www.fda.gov/

Decision rationale: The requested probiotics, #60, twice daily is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient suffers from gastroesophageal reflux disease. However, this medication is not FDA approved due to lack of evidence to support safety, effectiveness, or purity. Additionally, the California Medical Treatment and Utilization Schedule recommends medications in the management of a patient's chronic pain to be supported by increased functional benefits and symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit or symptom response to this medication. As such, the requested probiotics, #60, twice daily is not medically necessary or appropriate.