

Case Number:	CM13-0035477		
Date Assigned:	12/13/2013	Date of Injury:	12/11/2003
Decision Date:	02/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational 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.

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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of December 11, 2003. Thus far, the applicant has been treated with the following: Analgesic medication, prior spinal fusion surgery; unspecified number of epidural steroid injections; transfer of care to and from various providers in various specialties; a wheelchair; apparent diagnosis of failed back syndrome; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 4, 2013, the claims administrator certified a request for Zestril, certified a request for Citrucel, denied a request for AndroGel, denied a request for albuterol, denied a request for fasting labs, denied a request for Carafate, approved a request for MiraLax, certified a request for Lovaza, denied a request for Protonix, partially certified a request for baclofen, denied a request for Lactobacillus, certified a request for Lyrica, denied a request for Phenazopyridine, denied a request for Klor-Con, denied a request for vitamin D, denied a request for Atarax, and denied an ENT consultation and a lifeline. The applicant's attorney subsequently appealed. In a supplemental report of October 22, 2013, one of the applicant's attending provider states that he has been deemed 100% permanently disabled. He apparently is wheelchair-bound and needs a recliner to assist in transferring. The applicant reportedly has a low level of testosterone apparently noted by the endocrinologist. It is stated that the applicant has difficulty breathing and uses a CPAP machine. Albuterol is also endorsed without reason. It is stated that the applicant has GERD and has been given Protonix and Carafate for the same. Lactobacillus has been given for constipation. Phenazopyridine has been issued owing to urinary difficulties with difficulty stopping and starting. Atarax was given for anxiety and depression by the applicant's psychiatrist. ENT consultation has b

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, an antispasticity drug, is indicated in the treatment of spasticity associated with a spinal cord injury. In this case, it is seemingly suggested that the applicant is bedbound and/or has evidence of a spinal cord injury status post multiple prior failed spine surgeries. The applicant is apparently wheelchair-bound. Usage of baclofen in this context is seemingly indicated. Therefore, the request is certified

L. Bacillus, #60 between 7/30/2013 and 11/25/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/bacid-culturelle-lactobacillus-344525#2>, Lactobacillus (Herbs/Suppl.).

Decision rationale: The MTUS does not address the topic. The attending provider suggested Lactobacillus is being employed for constipation here. As noted by Medscape, however, Lactobacillus' suggested usage include intestinal flora restoration, post antibiotic diarrhea, and prevention of post antibiotic vulvovaginal candidiasis. In this case, however, there is no evidence that the applicant carries any of the diagnoses for which Lactobacillus would be indicated. Lactobacillus is not indicated in the treatment of the applicant's constipation, per Medscape. Therefore, the request is not certified