

Case Number:	CM14-0104772		
Date Assigned:	07/30/2014	Date of Injury:	01/19/2011
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert 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 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/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 injured worker is a 44 year old female who is reported to have sustained injuries to her low back on 01/19/11. On this date, she is reported to have been stepping down onto the step rail of a van which collapsed sustaining injuries to her low back. Records further report a work related motor vehicle accident which aggravated her lumbar condition. Records indicate that the injured worker has been treated with aquatic physical therapy, lumbar epidural steroid injections, and medications. As a result of chronic use of medications, the injured worker is documented as having developed abdominal pain, acid reflux and constipation. The injured worker is noted to have intermittent bouts of both constipation and diarrhea. There is a reference to tarry stools. The record notes a magnetic resonance imagedated 03/08/11 which indicates the presence of a 4-5mm disc protrusion at L5-S1 and a 2-3mm disc bulge at L2-3. Records indicate that the injured worker has undergone an abdominal ultrasound which was negative. The record includes a prior utilization review determination dated 06/24/14 in which requests for Dexilant 60mg, Citrucel, Miralax, Colace 100mg and Carafate 1 gram were approved. Requests for a prescription of Probiotics #90, Bentyl 20mg #90, and referral to Dr. Shaye for gastrointestinal consultation were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation (WGO) guideline: Inflammatory bowel disease: a global perspective. Munich (Germany): World Gastroenterology Organisation (WGO); 2009 Jun 1, page 23.

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

Decision rationale: The request for Probiotics #90 is not supported as medically necessary. The records indicate that the injured worker has gastrointestinal dysfunction secondary to the chronic use of oral medications. There is no substantive data which establishes the use of Probiotics as being effective in the treatment of this condition. It would further be noted that a request has been made for the injured worker to be seen by a gastroenterologist. Until this occurs and more definitive information becomes available, there would be no clinical indication for the use of this supplement. The request is not medically necessary.

Bentyl 20mg #30: 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: Physicians Desk Reference: 2014.

Decision rationale: The request for Bentyl 20mg #30 is not supported as medically necessary. The submitted records indicate that the injured worker has gastritis secondary to chronic medication use. The injured worker has not been evaluated by a gastroenterologist and there is no evidence of irritable bowel syndrome or ulcerative colitis for which this medication would be indicated. Therefore, this request is not medically necessary.

Referral for a GI consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 p. 127.

Decision rationale: The request for referral for a gastrointestinal consultation is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of oral medication use. The injured worker subsequently had been identified by the treating providers as having non-steroidal anti-inflammatory drug/medication induced

gastritis and has a chronic history of constipation as well as reports of tarry stools. This subsequently would support the referral to a gastroenterologist for formal evaluation. The record contains sufficient data which establishes the medical necessity of this request. The request is medically necessary.