

Case Number:	CM14-0016952		
Date Assigned:	03/07/2014	Date of Injury:	09/08/2005
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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:

This is 54-year-old female who has reported widespread pain and internal medicine conditions after an injury on 9/8/05. Diagnoses have included hypertension, dyslipidemia, constipation, diabetes, morbid obesity, and ankle and knee osteoarthritis. She has been treated with ankle surgeries, bracing, oral and topical medications, and internal medicine treatment. On 12/3/13, a treating physician noted lower extremity and hip pain. The treatment plan included a knee brace, possible bariatric surgery, orthopedic shoes, and weight loss. On 12/10/13, the primary treating physician noted blood pressure readings, a diagnosis of chronic obstructive pulmonary disease (COPD), morbid obesity, no abnormal gastrointestinal findings, peripheral edema, and a knee brace. Medications listed included anti-hypertensives, laxatives, probiotics, and medical foods. A urine drug screen was ordered, with no explanation or indications provided. A diabetic device was prescribed. Medication refills were requested, with no discussion of the indications or results of use for any of the medications. On 12/11/13, a treating physician reviewed the results of a recent echocardiogram showing left ventricular hypertrophy. On 12/12/13, a treating physician reviewed lab tests, without discussing the reasons the tests were ordered or the clinical implications of the test results. On 1/29/14 Utilization Review non-certified the items now under Independent Medical Review, noting the lack of indications per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screens Page(s): 78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications usually requiring a urine drug screen were listed, and the need for management via a urine drug screen was not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed, and the treating physician has not listed any other reasons to do the urine drug screen. Among the reasons for a urine drug screen listed in the MTUS are issues of abuse, addiction, or poor pain control. These were not mentioned by the treating physician. The MTUS recommends random drug testing, not at regular office visits or regular intervals. The details of testing have not been provided. Given that the treating physician has not provided indications for the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

PHARMACY PURCHASE OF CITRUCEL #120 (2 REFILLS): Upheld

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 Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Management of chronic constipation in adults.

Decision rationale: Citrucel is a fiber supplement, which may be given for a variety of medical conditions. The treating physician has provided no indications of any sort. It is therefore not possible to determine medical necessity for this particular injured worker, as it would be nothing more than speculation. An applicable guideline reference cannot be selected, as this would require information from the medical records showing the stated indications and clinical findings. A sample guideline from UpToDate is listed above. That citation lists some of the indications and clinical findings when fiber is used for constipation, which may or may not be the indication in this case. Citrucel is not medically necessary based on lack of indications and clinical information.

PHARMACY PURCHASE OF PROBIOTICS #60 (2 REFILLS): Upheld

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 Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Complementary and Alternative Medicine (NCCAM), Oral Probiotics: An Introduction.

Decision rationale: The MTUS does not address the use of probiotics, which are generally understood to be beneficial bacteria used to treat or prevent a variety of gastrointestinal conditions. The treating physician has provided no indications or history of gastrointestinal conditions. Medical necessity cannot be determined as a result. The citation above reviews the medical evidence, and notes some evidence supporting the use of probiotics for conditions such as diarrhea, antibiotic-associated diarrhea, and atopic eczema. It is also noted that the FDA has not approved any probiotics. Given that the treating physician has not provided any specific indications, medical evidence, and that probiotics are not FDA-approved, the probiotics dispensed in this case are not medically necessary.

PHARMACY PURCHASE OF APTRIM-D #120 (3 BOTTLES): Upheld

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), Medical Foods.

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

Decision rationale: Aptrim-D is a "medical food", not a medication approved by the FDA. Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies on an industrial or non-industrial basis. The MTUS does not address medical foods. The Official Disability Guidelines discusses some of the contents in medical foods and the possible indications. The treating physician has not addressed the specific indications in this case along with the specific dietary deficiencies. For example, the Official Disability Guidelines states that choline (in Aptrim), is recommended only for "long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency", a condition which is not present in this case. Aptrim is not medically necessary based on lack of indications and lack of any dietary deficiencies.

PHARMACY PURCHASE OF SENTRA AM #60 (3 BOTTLES): Upheld

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 Chapter, Medical Foods.

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: Sentra AM is a "medical food", not a medication approved by the FDA. Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies on an industrial or non-industrial basis. The MTUS does not address medical foods. The Official Disability Guidelines discusses some of the contents in medical foods and the possible indications. The treating physician has not addressed the specific indications in this case along with the specific dietary deficiencies. For example, the Official Disability Guidelines states that choline (in Sentra), is recommended only for "long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency", a condition which is not present in this case. Sentra AM is not medically necessary based on lack of indications and lack of any dietary deficiencies.