

Case Number:	CM14-0154406		
Date Assigned:	09/24/2014	Date of Injury:	12/30/2009
Decision Date:	12/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 12/30/2009 after lifting a 75 pound trash bin, the injured worker reportedly sustained an injury to his low back. The injured worker's previous treatments included physical therapy, home exercise program, medications, a back brace, injections, ultrasound, H wave therapy, hot towels, and wrist braces. The injured worker is status post left carpal tunnel release on 05/03/2013. Diagnostic studies included x-rays, laboratory reporting, magnetic resonance imaging, and electrodiagnostic studies. The injured worker was evaluated on 07/23/2014. It was documented that the injured worker had abdominal pain with acid reflux at least 3 times a week. Physical findings did not include any significant abnormalities. The injured worker's diagnoses included minimal sleep breathing respiratory disorder, dysphasia, status post H pylori treatment, gastritis, and internal hemorrhoids. The injured worker's medications included Prilosec #60 twenty mg twice a day, Dexilant #30 sixty mg daily, Gaviscon 1 tablespoon 3 times a day, Probiotics #60 twice daily, ProAir HFA 2 puffs every 6 hours for shortness of breath, Bentyl #90 ten mg 3 times a day, Sentra AM #60 one bottle and Sentra PM #60 one bottle. The patient was advised to discontinue any non-steroidal anti-inflammatory drug usage. A request was made to refill medications. A Request for Authorization form was submitted on 07/23/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (20mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has significant gastrointestinal issues that would benefit from a gastrointestinal protectant. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. The requested Prilosec 20 mg #60 is not medically necessary or appropriate.

Dexilant (60mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has significant gastrointestinal issues that would benefit from a gastrointestinal protectant. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. The requested Dexilant 60mg #30 is not medically necessary or appropriate.

Probiotics (#60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/1472384](http://www.ncbi.nlm.nih.gov/pubmed/1472384)

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, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address this medication. The Official Disability Guidelines recommend Probiotics as a second line treatment for gastrointestinal issues. The clinical documentation submitted for review does

not provide any evidence that the patient has failed to respond to first line gastrointestinal protectants and requires second line treatment. Additionally, the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. The requested probiotics #60 is not medically necessary or appropriate.

Sentra AM (#60, 1 bottle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

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 Food

Decision rationale: The requested medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines recommend medical food when there are specific dietary needs in the management of a condition for which there are distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence that the patient requires a medical food to manage nutritional deficits of a specific disease or condition. Additionally, in the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. The requested Sentra AM #60 is not medically necessary or appropriate.

Sentra PM (#60, 1 bottle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

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 Food

Decision rationale: The requested medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines recommend medical food when there are specific dietary needs in the management of a condition for which there are distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence that the patient requires a medical food to manage nutritional deficits of a specific disease or condition. Additionally, in the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. The requested Sentra PM #60 is not medically necessary or appropriate.