

Case Number:	CM14-0161015		
Date Assigned:	10/06/2014	Date of Injury:	08/05/1998
Decision Date:	11/26/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 50-year-old female who reported an injury on 08/05/1998 due to cumulative trauma. Diagnoses were abdominal pain, constipation, bright red blood per rectum, rule out hemorrhoids secondary to constipation, dysphagia, blurred vision, rule out secondary to hypertension, history of chest pain and shortness of breath likely secondary to asthma. Physical examination on 07/30/2014 revealed that the abdominal pain was controlled, constipation and dysphagia were also. The injured worker denied bright red blood per rectum; just pain and shortness of breath at that time. It was also reported there were no changes with the blurred vision. Medications were hydrochlorothiazide, Carafate, probiotics, aspirin, and Linzess. Treatment plan was to get an ophthalmology consult and a gastrointestinal for the injured worker. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1g #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph: Sucralfate (Carafate)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 67 Page(s): page 67.

Decision rationale: The decision for Carafate 1 g quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) Age greater than 65 years, (2) history of peptic ulcer, GI bleeding, or perforation, (3) concurrent use of aspirin, corticosteroids and/or an anticoagulant, or (4) high dose multiple NSAIDS. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The request does not indicate a frequency for the medication. Based on a lack of documentation detailing a clear indication for the use of this medication, this request is not medically necessary.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph; What is a Probiotic?

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for probiotics quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and the Official Disability Guidelines do not address this request. The American Gastroenterological Association was referenced. Probiotics are living microscopic organisms or micro-organisms that scientific research has shown to benefit your health. Most often, they are bacteria, but they may also be organisms such as yeast. In some cases, they are similar or the same as the good bacteria already in your body, particularly those in your gut. These good bacteria are part of the trillions of micro-organisms that inhabit our bodies. This community of micro-organisms is called the microbiota. Some microbiota organisms can cause disease. However, others are necessary for good health and digestion. This is where probiotics come in. The most common probiotic bacteria come in 2 groups, Lactobacillus or Bifidobacterium, although it is important to remember that many other types of bacteria are also classified as probiotics. Each group of bacteria has different species, and each species has different strains. This is important to remember because different strains have different benefits for different parts of your body. For example, Lactobacillus casei Shirota has been shown to support the immune system, and to help food move through the gut, but Lactobacillus bulgaricus may help relieve symptoms of lactose intolerance, a condition in which people cannot digest the lactose found in most milk and dairy products. In general, not all probiotics are the same, and they do not all work the same way. The rationale for the decision for probiotics for the injured worker was not submitted. The request does not indicate a frequency for the medication. The request does not state what type of probiotic the injured worker was to take. There were no other significant factors provided to justify the use of probiotics. Therefore, this request is not medically necessary.

Ophthalmology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Procedure Summary: Evaluation and Management

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 6, page 163

Decision rationale: The decision for ophthalmology consultation is medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residua, loss and/or examine fitness for return to work. It was reported that the injured worker had blurred vision. Blood pressure was reported as 100/71 mmHg with medication. The provider wants to rule out blurred vision secondary to hypertension. Based on the documentation submitted, there is indication for the ophthalmology consultation, this request is medically necessary.

GI Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Procedure Summary: Evaluation and Management

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 6, page 163

Decision rationale: The decision for GI consultation is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residua, loss and/or examine fitness for return to work. There was no clear rationale to support the consultation. It was not reported why the injured worker needed a GI consultation. It was reported that abdominal pain was controlled along with constipation and dysphagia. Based on the lack of documentation detailing a clear indication for the GI consultation, this request is not medically necessary.