

Case Number:	CM14-0172777		
Date Assigned:	10/23/2014	Date of Injury:	09/21/2007
Decision Date:	12/02/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 54-year-old male who was injured on September 21, 2007. The patient continued to experience abdominal pain, and diarrhea/constipation. Physical examination was notable for soft abdomen with clear lungs, normal active bowel sounds, and obese abdomen, and mildly elevated blood pressure of 150/91. Diagnoses included abdominal pain, diarrhea, gastropathy, gastritis, coronary artery disease, obstructive sleep apnea, and diabetes mellitus. Treatment included medications. Requests for authorization for labs, (DM, HTN, and GI profiles) and probiotics were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (DM, HTN and GI Profiles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wermeling, Paulien R., et al. "Six-Monthly diabetes monitoring of well-controlled patients: Experiences of primary care providers." Primary care diabetes 7.3 (2013): 187-191.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: UpToDate: Diagnostic approach to abdominal pain in adults, Overview of medical care in adults with diabetes mellitus, Overview of hypertension in adults

Decision rationale: Initial diagnostic testing for patients with chronic abdominal pain should include complete blood count with differential, electrolytes, BUN, creatinine, glucose, calcium, aminotransferases, alkaline phosphatase bilirubin, lipase, ferritin, and anti-tissue transglutaminase. After the initial workup, young patients with no evidence of organic disease can be treated symptomatically. The use of further testing should be directed at ruling in or out specific diseases and not as a general screen. In this case the patient had a history of gastritis, but was not experiencing abdominal pain. Laboratory testing is not indicated at this time. The request should not be authorized. Diabetes is monitored by measuring glycolated hemoglobin. Glycated hemoglobin (A1C) goals in patients with diabetes should be tailored to the individual, balancing the demonstrated benefits with regard to prevention and delay in microvascular complications with the risk of hypoglycemia. In this case the dates and results of prior testing are not available. Documentation does not support the need for further testing. The request should not be authorized. Laboratory tests for all patients with newly diagnosed hypertension should include electrolytes and serum creatinine (to calculate the estimated glomerular filtration rate), fasting glucose, urinalysis, and lipid profile (total and HDL-cholesterol, triglycerides). In this case there is no documentation that the patient is suffering from or being treated for hypertension. There is no medical indication for laboratory testing for hypertension. The request should not be authorized.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain Section, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: UpToDate: Probiotics for gastrointestinal diseases

Decision rationale: Probiotics are microorganisms that have beneficial properties for the host. Most commercial products have been derived from food sources, especially cultured milk products. Several probiotic preparations have promise in preventing or treating various conditions. However, most studies have been small and many have important methodological limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. Furthermore, considerable differences exist in composition, doses, and biologic activity between various commercial preparations, so that results with one preparation cannot be applied to all probiotic preparations. A definitive therapeutic role for irritable bowel syndrome remains unproven and needs to be further investigated in defined patient subsets. In this case the patient suffered from both diarrhea and constipation. There is no documentation that the patient has been diagnosed with a lower gastrointestinal disease. Ruling out irritable bowel syndrome is documented. The efficacy of probiotics for irritable bowel syndrome is not proven. The probiotics are not indicated. The request should not be authorized.

