

Case Number:	CM14-0183523		
Date Assigned:	11/10/2014	Date of Injury:	02/19/2003
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 19, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; a TENS unit; a cane; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for Bentyl, Hypertensa, probiotics, and Sentra. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated June 1, 2005, the applicant was not working, it was acknowledged. The Medical-legal evaluator suggested that the applicant remain off of work, on total temporary disability. In an October 2, 2014 pain management note, the applicant reported 8/10 low back pain status post earlier lumbar fusion surgery. Baclofen, Neurontin, Percocet, Ambien, and Lidoderm were endorsed. It was stated that the applicant should consider a spinal cord stimulator trial. The applicant was placed off of work, on total temporary disability. In a September 17, 2014 progress note, the applicant presented with various issues, including hypertension, gastro esophageal reflux disease, dyslipidemia, diabetes mellitus, and obstructive sleep apnea. The applicant was using Norvasc, Zestril, Gaviscon, Citrucel, Colace, Lovaza, Metformin, Glipizide, Victoza, probiotics, aspirin, Bentyl, Hypertensa, and Sentra. It was stated that the applicant was pending right knee surgery and umbilical hernia surgery. It was not clearly stated why Bentyl was being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Bentyl 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date online version 19.2 Bentyl

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Bentyl Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Bentyl usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Bentyl is indicated in the treatment of functional bowel syndrome/irritable bowel syndrome. Here, however, there was no mention of the applicant's carrying a diagnosis of functional bowel syndrome or irritable bowel syndrome for which selection and/or ongoing usage of Bentyl would be indicated. Rather, the attending provider posited that the applicant had abdominal pain complaints secondary to reflux and an umbilical hernia. Irritable bowel syndrome was not listed as one of the operating diagnoses on the September 17, 2014 progress note, referenced above. Ongoing usage of Bentyl, here, thus, amounts to usage of Bentyl for a non-FDA approved role. No compelling applicant-specific rationale or medical evidence was attached so as to augment the request in question. The attending provider did not, furthermore, clearly state why the applicant was using Bentyl on a September 17, 2014 progress note, referenced above. Therefore, the request is not medically necessary.

1 Prescription for Hypertensa #90 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

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: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Hypertensa are "not recommended" in the management of chronic pain as they have not been demonstrated to have any meaningful benefit or favorable outcomes in the treatment of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

1 Prescription for Probiotics #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that dietary supplements such as probiotics are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the management of the same. The attending provider, it is further noted, failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

1 Prescription for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Sentra PM are "not recommended" in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, as with the other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.