

<b>Case Number:</b>	CM14-0034333		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 patient is a 64 year old female who was injured on 006/20/2006 when she fell injuring her tailbone and neck. UDS dated 01/22/2014 revealed positive results for alcohol (ethanol). Progress report dated 03/19/2014 states the patient complained of epigastric abdominal pain. The patient noted her sleep has improved. She continued to have episodes of depression. Exam is unchanged from previous visit. The treatment included a request for Prilosec, Sentra AM and Sentra PM Gaviscon and probiotics. Progress report dated 01/22/2014 states the patient had worsening acid reflux. She had no changes in her abdominal pain, diarrhea, bright red blood per rectum, or sleep quality. She stated that she was depressed but not suicidal or homicidal. She had a normal exam. Diagnoses are diabetes mellitus, orthopedic diagnosis, psychiatric diagnosis. Prior utilization review dated 03/04/2014 states the request for Prilosec 20 mg qty 30 Gaviscon qty:1.00, Probiotics qty:60.00, Sentra AM qty:60.00, Sentra PM qty:60.00 were not certified as the proper documentation has not been submitted to met guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg quantity:30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.pdr.net](http://www.pdr.net).

**Decision rationale:** This is a request for Prilosec for a 64-year-old female injured on 6/20/13 with chronic heartburn and abdominal pain and a diagnosis of GERD. According to MTUS guidelines, Prilosec may be indicated in some patients taking NSAIDs in order to prevent gastrointestinal side effects. According to information provided by the manufacturer, Prilosec is recommended for GERD for up to 4 weeks of treatment. Other conditions may warrant longer use. However, the patient is not taking NSAIDs. She was prescribed Prilosec for several months at the time of the request. GERD is documented to have both worsened and improved on the medication. Despite chronic abdominal complaints since 2009, no underlying diagnosis is provided. An EGD was apparently done recently, but results are not provided. Medical necessity is not established.

**Gaviscon quantity:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [gaviscon.com](http://gaviscon.com).

**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: [www.pdr.net](http://www.pdr.net).

**Decision rationale:** Other Medical Treatment Guideline or Medical Evidence: [www.pdr.net](http://www.pdr.net)

**Probiotics quantity:60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:<http://www.ncbi.nlm.nih.gov/pubmed?term=23474420>.

**Decision rationale:** This is a request for probiotics for a 64-year-old female injured on 6/20/13 with chronic complaints of heartburn, abdominal pain, diarrhea, and blood red blood per rectum. MTUS and ODG guidelines do not address the issue. However, an online search indicates medical efficacy of probiotics has not been demonstrated. Further, no rationale for probiotics is provided in the records. Medical necessity is not established.

**Sentra AM quantity:60.00:** 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).

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

**Decision rationale:** This is a request for Sentra AM, a medical food intended to treat chronic fatigue, fibromyalgia, PTSD, and cognitive impairment, for a 64-year-old female injured on 6/20/13 with chronic pain, fatigue, mood disorder and chronic sleep disturbance. According to ODG guidelines, a medical food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." However, distinctive nutritional requirements are not established for chronic pain, fatigue or cognitive impairment. Further efficacy of Sentra AM is not clearly established. Medical necessity is not established.

**Sentra PM quantity:60.00:** 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).

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

**Decision rationale:** This is a request for Sentra PM, a medical food intended to treat sleep disturbance, for a 64-year-old female injured on 6/20/13 with chronic pain, fatigue, mood disorder and chronic sleep disturbance. According to ODG guidelines, a medical food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." However, distinctive nutritional requirements are not established for sleep disturbances. Further efficacy of Sentra PM is not clearly established. Medical necessity is not established.