

Case Number:	CM14-0215336		
Date Assigned:	01/05/2015	Date of Injury:	02/28/2013
Decision Date:	07/08/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 35 year old male, who sustained an industrial injury on 2/28/2013. The current diagnoses are abdominal pain, acid reflux, rule out ulcer/anatomical alteration, constipation/diarrhea, and rule out irritable bowel syndrome, H. Pylori positive, umbilical hernia, and sleep disorder. According to the progress report dated 10/21/2014, the injured worker reports improving abdominal pain and acid reflux with medications. He notes improving diarrhea, which is less frequent than constipation. The physical examination of the abdomen reveals 1+ epigastric pain and bloating. The current medications are Prilosec, Gaviscon, Colace, Probiotics, Tylenol #3, Aptrim-D Sentra AM, and Sentradine. Treatment to date has included medication management. The plan of care includes prescription for Aptrim-D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aptrim-D 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (Update 11/30/07). Chapter 12, Low Back, pages 125-126.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.