

Case Number:	CM14-0077631		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2011
Decision Date:	07/10/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 49 year old male who sustained an industrial injury on 02/04/11. Initial complaints and diagnoses are not available. Treatments to date include medications, right carpal tunnel release, left knee surgery, and right should surgery. Diagnostic studies are not addressed. Current complaints include pain in the neck, right wrist and right knee, as well as the right shoulder. Current diagnoses include right frozen shoulder syndrome/adhesive capsulitis, left knee osteoarthritis, medial meniscus tear, right knee internal derangement, and insomnia. In a progress note dated 11/04/13 the treating provider reports the plan of care as medications including Prilosec, tramadol, TGHOT, and FlurFlex. The requested treatments include Bentyl and Probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bentyl 10mg, #90 w/2 Refills: 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 PDR, Bentyl.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is an antispasmodic and anticholinergic indicated in the treatment of colonic spasm and irritable bowel syndrome. The patient does not have any of these diagnoses associated with industrial incident and therefore the request is not medically necessary.

Probiotics #90, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation probiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, probiotics.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The up-to-date guidelines on probiotics indicate they may be useful in treating various gastrointestinal disorders affecting the small and large colon. The patient does not have any diagnoses associated with the small or large colon that are due to industrial incident. Therefore the request is not medically necessary.