

Case Number:	CM14-0092375		
Date Assigned:	07/25/2014	Date of Injury:	03/05/2007
Decision Date:	01/07/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 gastroesophageal reflux disease, shoulder pain, and finger pain reportedly associated with cumulative trauma at work between the dates March 5, 2007 through March 5, 2008. In a Utilization Review Report dated June 10, 2014, the claims administrator approved a request for Nexium, denied a request for Citrucel, approved a request for Colace, and denied a request for probiotics. A variety of non-MTUS Guidelines were cited at the bottom of the report but were not incorporated into the report rationale. The claims administrator stated that its decision was based on a progress notes and RFA forms dated May 2, 2014 and April 16, 2014. In a handwritten note dated July 8, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of wrist pain, elbow pain, and shoulder pain. Large portions of the progress note were not entirely legible. The applicant was given a 10-pound lifting limitation, although the attending provider acknowledged that the applicant's employer was unable to accommodate said limitation, effectively resulting in the applicant's removal from the workplace. The applicant was, however, given a renewal of Norco. The applicant underwent a first dorsal compartment release surgery on June 24, 2014. The remainder of the file was surveyed. The April 16, 2014 and May 22, 2014 progress notes and RFA forms made available to the claims administrator were not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are using opioids. Here, the applicant was using Norco, an opioid agent. Prophylactic provision of Citrucel, a laxative, was indicated to combat any issues with opioid-induced constipation which might have arisen as a result of ongoing Citrucel usage. Therefore, the request is medically necessary.

Probiotics #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines notes that dietary supplements such as probiotics are not recommended in the chronic pain context present here. 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, although it is acknowledged that the April 16, 2014 and May 22, 2014 progress notes on which the article in question was sought were seemingly not incorporated into in the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request was not medically necessary.