

Case Number:	CM15-0017189		
Date Assigned:	04/16/2015	Date of Injury:	01/19/2011
Decision Date:	05/15/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44-year-old female, who sustained an industrial injury on 1/19/11. She reported initial complaints of low back pain with associated left leg and knee numbness. The injured worker was diagnosed as having abdominal pain unspecified; gastropathy secondary to NSAIDs; constipation secondary to Narcotics; sleep disorder; anemia; Vitamin D Deficiency; psychiatric diagnosis; orthopedic diagnosis. Treatment to date has included physical therapy; Toradol injections for back pain (1/20/11); Lumbar MRI (2011) EMG. NCV lower extremities (2011); psychological counseling (2013); Epidural steroid injection lumbar (2013); acupuncture (2013); EGD (9/23/14). Currently, the PR-2 notes dated 9/23/14 the injured worker complained of GERD, dyspepsia and not eating well due to pain, but no nausea or vomiting. She is currently taking Dexilant, Carafate, MiraLAX, and Colace, Linzess, Bentyl and Gabapentin. Her past medical history is significant for gastropathy, anemia, vitamin D deficiency and psychological disorder. The medications Probiotics #60, Amitiza 24 MCG #60 and Sentra PM #60 were denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 44 year old female has complained of low back pain since date of injury 1/19/11. She has been treated with acupuncture, epidural steroid injection, physical therapy and medications. The current request is for Probiotics, a medical food. Per the MTUS guidelines cited above, Probiotics is not indicated as medically necessary in the treatment of chronic low back pain. Based on the available medical documentation and MTUS guidelines, Probiotics is not indicated as medically necessary.

Amitiza 24 MCG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: This 44 year old female has complained of low back pain since date of injury 1/19/11. She has been treated with acupuncture, epidural steroid injection, physical therapy and medications. The current request is for Amitiza, a medication indicated for the treatment of irritable bowel syndrome. There is inadequate documentation in the available medical records that symptoms of irritable bowel syndrome have been a significant problem for this patient necessitating the use of Amitiza. Based on this lack of documentation, Amitiza is not indicated as medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 44 year old female has complained of low back pain since date of injury 1/19/11. She has been treated with acupuncture, epidural steroid injection, physical therapy and medications. The current request is for Sentra, a medical food. Per the MTUS guidelines cited above, Sentra is not indicated as medically necessary in the treatment of chronic low back pain. Based on the available medical documentation and MTUS guidelines, Sentra is not indicated as medically necessary.