

Case Number:	CM15-0131176		
Date Assigned:	08/18/2015	Date of Injury:	04/20/2008
Decision Date:	09/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 63-year-old female who sustained an industrial injury on 4-20-08. The Initial Psychiatric Panel Qualified Medical Evaluation dated 5-13-15 indicates that the injured worker "injured her back" when pulling an inanimate object while performing her job duties. The report states that three days after the injury occurred, she complained of back "stiffness" and "could barely move". The report also states, "She remained in bed for about a month". An internal medicine progress report dated 5-19-15 indicates her medical history is "remarkable for an anterior-posterior lumbar spine fusion surgery". Her "industrial-related" diagnoses include sleep disorder, history of hypertension, abdominal pain, constipation, bilateral blurred vision (more frequent in the left eye), glucose intolerance, and hypertriglyceridemia. The injured worker's complaints on the 5-19-15 visit were worsening fatigue and unchanged constipation with medicine. She complained of "bloating", however indicated that her abdominal cramping was improved. She reported no changes in her sleep quality. Her medications included Nexium, Simethicone, Probiotics, Sentra AM, and Sentra PM. Her treatment recommendations included lab testing of a gastrointestinal profile, H. pylori stool testing, and a urine toxicology screen. Diagnostic studies recommended include a body composition study and cardio-respiratory testing, Sudo-scan, and abdominal ultrasound. No dietary recommendations were made. However, she was instructed to drink orange juice when her blood sugar falls below 70mg per deciliter. The requested services for IMR are probiotics, Sentra AM, Sentra PM, GI profile, AccuCheck for blood glucose monitoring, and a body composition study.

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: 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 Uptodate.com. Probiotics for Gastrointestinal Disease.

Decision rationale: The MTUS and ODG are silent regarding the use of probiotics for the treatment of constipation. According to UptoDate.com, small, randomized, placebo-controlled trials of probiotics in patients with chronic constipation without irritable bowel syndrome and in normal subjects with a tendency toward infrequent stools suggest improvement in defecation frequency and stool consistency with Bifidobacterium lactis DN-173 010, B. lactis BB12, Lactobacillus casei Shirota, and E. coli Nissle 1917 [98-102]. However, until larger studies are performed, there are insufficient data to recommend probiotics in the management of severe constipation. In this case the patient is 65-years-old and complains of constipation. The literature does not support the use of probiotics for the treatment of constipation. Therefore, the request is not medically necessary.

Sentra AM, #60 (3-bottles): 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), Pain (Chronic), Medical foods.

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

Decision rationale: The California MTUS does not address medical foods. The ODG advises that medical foods are 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. To be considered the product must, at a minimum meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; 3. The product must be used under medical supervision. Sentra AM is a medical food containing choline, acetyl-carnitine. The patient does not have a disorder or disease for which there are distinctive nutritional requirements. The requirements are not met and this medical food is not medically necessary.

Sentra PM #60 (3-bottles): 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), Pain (Chronic), Medical foods.

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

Decision rationale: The California MTUS does not address medical foods. The ODG advises that medical foods are 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. To be considered the product must, at a minimum meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; 3. The product must be used under medical supervision. Sentra PM is a medical food that contains choline bitartrate, glutamate and 5-hydroxytryptophan. The patient does not have a disorder or disease for which there are distinctive nutritional requirement. The requirements are not met and this medical food is not medically necessary.

GI profile (TSH, AML, LIPS, CMPR, HPYA, CBC): Overturned

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 UptoDate.com. Chronic Abdominal Pain in Adults; Dyspepsia in Adults.

Decision rationale: The MTUS and ODG are silent regarding diagnostic lab studies for the work-up of chronic abdominal pain, dyspepsia with associated constipation. According to Uptodate.com, the following laboratory measurements should be performed in most patients with chronic abdominal pain: Complete blood count with differential; Electrolytes, BUN, creatinine, and glucose; Calcium; Aminotransferase, alkaline phosphatase, and bilirubin; Lipase; Ferritin; and Anti-tissue transglutaminase. A complete blood count can reveal anemia or an elevated white blood cell count, and it will occasionally demonstrate elevated platelet counts that may be associated with iron deficiency or inflammation. A low ferritin suggests iron deficiency, which should raise the suspicion of celiac disease or inflammatory bowel disease. The above studies should be normal in patients with functional abdominal pain. Abdominal pain is not a common presentation of hyper or hypothyroidism, but when additional symptoms suggest abnormalities of thyroid function, a thyroid-stimulating hormone (TSH) should be measured. Given this patient's age and associated constipation, measurement of a TSH in addition to the listed laboratory studies is medically appropriate.

AccuCheck Blood Glucose: Upheld

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

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

Decision rationale: The MTUS and ODG are silent regarding measuring blood glucose. According to UptoDate.com, patients with type 2 diabetes treated with sulfonylurea's or meglitinides, which can also cause hypoglycemia, should be tested once to twice per day during titration of their doses, but after a stable dose and target glycemic targets are achieved, may only need to test several times per week, usually in the morning or before dinner. All insulin and sulfonylurea patients need to test more frequently before and during long car rides, during sick days, and when there are changes in diet and exercise patterns. In this case, the patient has a diagnosis of glucose intolerance, not diabetes; therefore, the AccuCheck blood glucose is not medically necessary.

Body Composition Study: 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 UptoDate.com.

Decision rationale: The MTUS and ODG are silent regarding Body composition studies. According to uptodate.com, body composition measurements may be useful for evaluating undernourished or overweight patients, and for identifying patients who do not have an increase in overall body fat but who have an increase in visceral fat. This latter circumstance is associated with a substantially increased risk of heart disease and diabetes. In this case the patient is being evaluated for abdominal pain with constipation, the documentation does not support that the provider has a significant concern regarding undernourishment or obesity. The use of Body composition studies is not medically necessary.