

Case Number:	CM15-0139487		
Date Assigned:	07/29/2015	Date of Injury:	10/07/2008
Decision Date:	09/29/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 multiple industrial injuries on October 7, 2008 resulting in neck and left hip pain, and radiating low back pain. She was diagnosed with cervical sprain, lumbar sprain and facet syndrome, post annular tear of the intervertebral disc, and left sacroiliac joint arthropathy and sprain. Recent documented treatment has included injections, home exercise, and topical and oral pain medications. The treating physician's plan of care includes retroactive requests for Amitiza and Floranex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Amitiza #60 (DOS 3/10/15): 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 Official Disability Guidelines (ODG) Pain chapter, under Lubiprostone - Amitiza.

Decision rationale: The patient was injured on 12/11/11 and presents with pain in her cervical spine, thoracic spine, lumbar spine, and shoulder. The retrospective request is for Amitiza #60 (DOS 3/10/15). There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. The ODG Guidelines, under the pain chapter, has the following regarding Lubiprostone Amitiza recommended only as a possible second-line treatment for opiate-induced constipation. See opioid-induced constipation treatment. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation while opiates are used. The patient is diagnosed with cervical sprain, lumbar sprain and facet syndrome, post annular tear of the intervertebral disc, and left sacroiliac joint arthropathy and sprain. The 03/10/15 report is not provided for review. As of 02/02/15, the patient is taking Motrin, Prilosec, Fexmid, and Tramadol. Although guidelines provide firm support for medications intended to reduce opioid-induced constipation, it is not clear if this patient is tolerant of first line therapies. Without a clear rationale as to why first-line constipation therapies are insufficient or not tolerated by this patient, the request cannot be substantiated. Furthermore, the reports provided do not document the efficacy of Amitiza. Due to lack of documentation, the requested Amitiza is not medically necessary.

Retro Floranex #60 (DOS 3/10/15): 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 Official Disability Guidelines (ODG) article by published in the journal Therapeutic Advanced Gastroenterology 2010;3 (5):307-319.

Decision rationale: The patient was injured on 12/11/11 and presents with pain in her cervical spine, thoracic spine, lumbar spine, and shoulder. The retrospective request is for Floranex #60 (DOS 3/10/15). There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. While MTUS and ODG guidelines do not specifically address the use of probiotic therapy for the treatment of gastrointestinal complaints, an article by published in the journal Therapeutic Advanced Gastroenterology 2010;3(5):307-319. Use of Probiotics in Gastrointestinal Disorders by [REDACTED], [REDACTED] has the following: "The effect of probiotics on other GI disorders have also been studied, including lactose intolerance, Helicobacter pylori infection, microscopic colitis, prevention and treatment of diverticulitis, and even colon cancer prevention. The studies have been small and meta-analyses are too variable to draw firm conclusions of benefit. When added to standard therapy, probiotics do not provide additional benefit compared with standard therapy alone. Most probiotics tested to date are not more effective than placebo in inducing or maintaining IBD remission." The patient is diagnosed with cervical sprain, lumbar sprain and facet syndrome, post annular tear of the intervertebral disc, and left sacroiliac joint arthropathy and sprain. The 03/10/15 report is not provided for review. As of 02/02/15, the patient is taking Motrin, Prilosec, Fexmid, and Tramadol. Probiotics do not meet the criteria set by ODG for medical foods. Furthermore, there are no peer-reviewed studies available, which establish the efficacy of probiotic therapy as an effective treatment. Therefore, this request is not medically necessary.

