

Case Number:	CM15-0147984		
Date Assigned:	08/12/2015	Date of Injury:	04/19/2004
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
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 34-year-old female who sustained an industrial injury on April 19, 2004 resulting in chronic pain and, ultimately, constipation, gastroesophageal reflux disease secondary to NSAIDs, gastritis, post-traumatic weight gain, and sleep disorder secondary to pain. Documented treatment has included medication which is noted as helping to control symptoms. The injured worker continues to present with gastrointestinal symptoms. The treating physician's plan of care includes Simethicone, 80 mg, probiotics, and Sentra AM. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simethicone 80mg quantity 60 with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682683.html>.

Decision rationale: Pursuant to Medline plus, Simethacone 80 mg #60 with two refills is not medically necessary. Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating. In this case, the injured workers working medical diagnoses are constipation unchanged; gastroesophageal reflux disease secondary to nonsteroidal anti-inflammatory drugs, control; gastritis control; posttraumatic weight gain; and sleep disorder secondary to pain. Date of injury is April 19, 2004. The request authorization is June 18, 2015. According to a June 18, 2015 progress note, injured worker's symptoms are well-controlled. Simethacone was started June 4, 2012. There is no clinical indication or rationale for simethacone. The documentation does not demonstrate objective functional improvement to support ongoing simethacone. Based on the information in the medical record and the peer-reviewed evidence-based guidelines, Simethacone 80 mg #60 with two refills is not medically necessary.

Probiotics quantity 90 with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <https://nccih.nih.gov/health/probiotics/introduction.htm>.

Decision rationale: Pursuant to the Official Disability Guidelines, probiotics #90 with two refills are not medically necessary. Probiotics are live microorganisms that are intended to have health benefits. Products sold as probiotics include foods (such as yogurt), dietary supplements, and products that are not used orally, such as skin creams. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured workers working medical diagnoses are constipation unchanged; gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, control; gastritis control; posttraumatic weight gain; and sleep disorder secondary to pain. Date of injury is April 19, 2004. The request authorization is June 18, 2015. According to a June 18, 2015 progress note, injured worker's symptoms are well-controlled. Medical foods are not recommended for chronic pain. There is no clinical indication or rationale for probiotics in the progress note documentation. Consequently, absent clinical documentation with a clinical indication and rationale and guideline non-recommendations for medical foods, probiotics #90 with two refills are not medically necessary.

Sentra AM quantity 60: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra AM #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working medical diagnoses are constipation unchanged; gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, control; gastritis control; posttraumatic weight gain; and sleep disorder secondary to pain. Date of injury is April 19, 2004. The request authorization is June 18, 2015. According to a June 18, 2015 progress note, injured worker's symptoms are well-controlled. Medical foods are not recommended for chronic pain. There is no clinical indication or rationale for Sentra AM in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale and guideline non-recommendations for medical foods, Sentra AM #60 is not medically necessary.