

Case Number:	CM15-0162464		
Date Assigned:	08/28/2015	Date of Injury:	03/24/2004
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 3-24-04. Diagnoses per a 7-6-15 orthopedic report are bilateral cubital tunnel syndrome (electrodiagnostically negative on the right), bilateral carpal tunnel syndrome, bilateral thumb carpometacarpal degenerative joint disease, right lateral epicondylitis, and recurrent left lateral epicondylitis and radial tunnel syndrome. Previous treatment includes medications, physical therapy, MRI, electrodiagnostic study of bilateral upper extremities, Cortisone injections, wrist braces, and abdominal ultrasound, 4-6-15. In an internal medicine consultative report to a primary treating physician dated 3-18-15, the physician notes the injured worker reports "the development of abdominal pain, acid reflux, intermittent diarrhea and constipation which she attributed to the medications prescribed after her injury." It is noted that at the time of the visit she continues to experience migraine headaches, blurred vision, teeth grinding, dry mouth, occasional chest pain, abdominal pain, acid reflux, intermittent diarrhea and constipation as well as occasional bouts of depression, stress, anxiety and insomnia. She notes a 30 pound weight gain since her injury. Current medications listed are Digoxin, Fiorinal with Codeine, Soma, Hydrocodone, Prevacid 30mg 1 per day, and Lasix. Exam of the abdomen notes it is soft with positive bowel sounds. Industrial related diagnoses per the 3-18-15 note are abdominal pain, acid reflux, constipation-diarrhea, and chest pain. The discussion notes she suffers from possible gastropathy and irritable bowel syndrome secondary to stress and the use of narcotics for pain relief. A progress report dated 4-23-15 notes medications prescribed as Dexilant #30, 60 mg daily, Probiotics #60 twice a day, and Amitiza #60, 8mcg twice a day. The progress report dated

7-23-15 indicates no change in abdominal pain, improving acid reflux with Dexilant and improving constipation with Amitiza and she was advised to avoid non-steroidal anti-inflammatory drugs. A body composition report dated 7-23-15 reveals a BMI (basal metabolic rate) of 32.2 and a weight of 182 pounds target weight of 130 pounds. Work status is noted as return to full duty on 7-16-15. Request for authorizations are dated 7-23-15. The requested treatment of retrospective date of service 7-23-15: for body composition study-quantity 1, Dexilant 60mg, quantity 30, and Probiotics quantity 60 was non-certified on 8-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 7/23/2015) for body composition study QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet Search-Body composition studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Psychol. 2015 Sep 21. [Epub ahead of print]Intrinsic Motivation in Two Exercise Interventions: Associations with Fitness and Body Composition. Thøgersen-Ntoumani C, Shepherd SO, Ntoumanis N, Wagenmakers AJ, Shaw CS.

Decision rationale: Body composition testing is not discussed by the CA MTUS or the Official Disability Guidelines; however, this testing was performed on the patient in this case. While weight loss is a goal that has definite clinical value, it is not clear as to why body composition testing was performed in the case of this chronic injury. While fitness and appropriate body weight are critical goals in recovery in chronic pain cases, body composition testing is not clearly warranted in this case. Body composition is a valuable indicator of outcomes when assessing fitness and weight loss; however, it is not clinically necessary as a therapeutic tool. Therefore the request is not medically necessary.

Dexilant 60mg QTY. 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: It is not clear from the provided records whether or not the patient is currently taking NSAIDs, but the patient does appear to have a chronic history of GI distress. The documents submitted for review do not appear to provide clear evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is not formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records, but there are repeated instances where GI issues are addressed. It is the opinion of this reviewer that the request for Dexilant is reasonable.

Therefore the request is medically necessary because there could be risk in treatment with NSAIDs, however, future requests should clearly be supported by strong evidence for risk assessment and need for continued treatment.

Probiotics, QTY; 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet search: Probiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PLoS One. 2012; 7(4): e34938. Published online 2012 Apr 18. doi: 10.1371/journal.pone.0034938PMCID: PMC3329544A Meta-Analysis of Probiotic Efficacy for Gastrointestinal Diseases Marina L. Ritchie and Tamara N. Romanuk.

Decision rationale: The CA MTUS does not address the use of probiotics, and so the evidence-based literature provides the preferred mechanism for addressing the medical necessity of the request. In a recent meta-analysis considering efficacy of probiotics, probiotics were found generally useful in the prevention of gastrointestinal disease. Helicobacter pylori were found to be impacted positively by probiotic use. Given the concerns for GI symptoms in this patient, and the potential to improve outcomes with use of probiotics with low risk of side effects, the request is clinically reasonable and therefore is medically appropriate.