

Case Number:	CM15-0167155		
Date Assigned:	09/04/2015	Date of Injury:	12/17/2010
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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:

This 50 year old female sustained a work related injury on 12-17-2010. According to the most recent progress report submitted for review and dated 06-09-2015, the injured worker reported improving abdominal pain. She denied gastroesophageal reflux symptoms with medications. She reported improving sleep with six hours a night interrupted by waking up three time a night secondary to pain and occasional shortness of breath. She also reported worsening stress. Physical examination demonstrated clear lung sounds, regular heart rate and rhythm, normoactive bowel sounds, no abdominal tenderness or guarding, and no clubbing, cyanosis or edema of the extremities. Industrial related diagnoses included abdominal pain, constipation secondary to narcotics (currently symptomatic), obesity, sleep disorder rule out obstructive sleep apnea, elevated blood pressure rule out hypertension. Treatment recommendations included urine culture and sensitivity "urinalysis ordered today and "urine toxicology screen test is pending". Diagnostics studies needed included "sleep study pending". Medications included Gaviscon and probiotics. The injured worker was advised to follow a low fat, low acid diet and was provided with weight loss dietary recommendations. She was also instructed to follow a course of sleep hygiene. She was to return in three months to review diagnostic studies. She was declared permanent and stationary on 08-13-2014. Work status was deferred to the primary treating physician. Primary treating physician reports noted work status as "per AME". An RFA dated 06-09-2015 was submitted for review. Services included urine culture & sensitivity, urinalysis, Gaviscon, probiotics, and sleep study. Records submitted for review did not show previous use of probiotics. According to a previous progress report from a different provider, the

injured worker's current medication regimen included Medrox pain relief ointment, Omeprazole, Hydrocodone, Orphenadrine and Ketoprofen. On 08-06-2015, Utilization Review certified a request for Gaviscon. Non-certified services included urine culture and sensitivity urinalysis, urine toxicology screen test, sleep study and probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60 with 2 refills: 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) Chronic Pain Chapter -- Medical Food and Other Medical Treatment Guidelines www.drugs.com-probiotics.

Decision rationale: CA MTUS and Official Disability Guidelines do not address probiotics. However ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Literature states that probiotics are a dietary supplement used for promoting the growth of certain types of friendly bacteria in the digestive tract. ODG also state that medical food is not recommended. In this case, the treating provider did not indicate why probiotics were being prescribed. ODG also state that medical food is not recommended. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Urine C&S, Urinalysis: Upheld

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

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

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Uptodate were reviewed. Urinalysis plays a central role in conjunction with the history, physical examination, and serum chemistries, for evaluating acute and chronic kidney disease. In addition, abnormal findings on a routine urinalysis, often in an otherwise asymptomatic patient, may be the first evidence of underlying kidney disease. The urinalysis can also be used in some patients to monitor the course of kidney diseases. In this case of injured worker, there is no rationale provided for Urinalysis. Medical necessity of the requested treatment UA has not been established. The Requested Treatment: Urine C&S, Urinalysis is not medically necessary and appropriate.

Urine Toxicology Screen Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Medical Encyclopedia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS Guidelines state that the practitioner should consider the use of drug screening or inpatient treatment when issues of abuse, addiction, or poor pain control are present. In this case, the requesting provider did not indicate that the injured worker was taking opioids. Records show that opioids were being prescribed by another provider. On 03-26-2015, a qualitative drug screen was administered. These results were not submitted for review. A urine drug screen report dated 05-13-2015 and 06-09-2015 was submitted for review. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter-Polysomnography.

Decision rationale: Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. See the Pain Chapter for more information and references. In its Choosing Wisely list, the American Academy of Sleep Medicine (AASM) advises against polysomnography (PSG) in patients with chronic insomnia unless symptoms suggest a comorbid sleep disorder. Although PSG may confirm self-reported symptoms of chronic insomnia, it does not provide additional information necessary for diagnosis of chronic insomnia. However, PSG is indicated in some specific circumstances, for example when sleep apnea or sleep-related

movement disorders are suspected, the initial diagnosis is uncertain, behavioral or pharmacologic treatment fails, or sudden arousals occur with violent or injurious behavior. In addition, do not use polysomnography to diagnose restless legs syndrome. In this case, the injured worker reported improving sleep with six hours a night interrupted by waking up three times a night secondary to pain and occasional shortness of breath. She was instructed to follow a course of sleep hygiene. Without evaluating the effectiveness of the course of sleep hygiene and the response to behavior intervention, medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.