

Case Number:	CM15-0185647		
Date Assigned:	10/16/2015	Date of Injury:	04/20/2008
Decision Date:	11/17/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Anesthesiology

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 4-20-2008. The injured worker is undergoing treatment for: cervical IVD disorder with myelopathy, lumbar IVD disorder with myelopathy, status post-op, and nerve root compression, epigastric pain, gastroesophageal acid reflux. History of endoscopic diagnosed mild gastritis. On 9-14-15, she was seen for gastroenterology evaluation. She reported abdominal pain, epigastric pain, heartburn, and intolerance of milk. She also reported intermittent constipation and diarrhea. Physical examination revealed her abdomen to be soft, minimally tender, bowel sounds present. She was diagnosed with gastroesophageal acid reflux aggravated by anxiety, irritable bowel syndrome aggravated by anxiety and stress. The provider recommended treatment with Nexium, Metamucil, Citrucel, and possible donnatal, belladonna, or hyoscyamine. On 9-24-15, she reported pain to the bilateral feet, left calf, sacral, bilateral sacroiliac, lower thoracic, headache, cervical spine, lumbar spine, bilateral anterior arms, bilateral anterior shoulder, upper thoracic, bilateral posterior shoulder, bilateral cervical dorsal, bilateral posterior leg, and right posterior forearm. She rated her current pain 5 out of 10, worst 9, and best 6. Objective findings revealed are tenderness in the cervical spine, thoracic spine, lumbar spine, sacroiliac, and bilateral buttock, and a decreased neck and low back range of motion. The current records do indicate she has gastrointestinal issues; however there is no current discussion of a history of diabetes or weight issues. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (3-31-15), magnetic resonance imaging of the lumbar spine (3-26-15), CT scan of the lumbar spine (5-26-15), lumbar surgery (date unclear), home exercises, and

medications. Medications have included: Lyrica, Fioricet, Omeprazole, Naproxen, and Zantac. Current work status: temporarily totally disabled. The request for authorization is for: 30 Nexium 40mg with 2 refills; 60 Probiotics with 2 refills; one accu-check blood glucose test; one body mass index test. The UR dated 9-9-2015: non-certified the request for 30 Nexium 40mg with 2 refills; 60 Probiotics with 2 refills; one accu-check blood glucose test; one body mass index test.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Nexium 40mg with 2 refills: Upheld

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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Nexium, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Nexium has not been established. The requested medication is not medically necessary.

60 Probiotics with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing Family Nurse Practitioner Program. Austin (TX): University of Texas at Austin, School of Nursing; 2013 May. 17 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Probiotics are microorganisms that are believed to provide health benefits when consumed. Commonly claimed benefits of probiotics include the decrease of potentially pathogenic gastrointestinal microorganisms, the reduction of gastrointestinal discomfort, the strengthening of the immune system, improvement of skin function, the improvement of bowel regularity, the strengthening of the resistance to cedar pollen allergens, the decrease of body pathogens, the reduction of flatulence and bloating, the protection of DNA, the protection of protein and lipids from oxidative damage, and the maintaining of individual intestinal microbiota in subjects receiving antibiotic treatment. In this case, there is no specific indication for probiotic therapy. In addition, there is no documentation of failed first-line treatments. Of note, laboratory testing for H. Pylori on 5/19/2015 was negative. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

One Accu-chek blood glucose test: 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), Diabetes (Type 1, 2, and Gestational): Fluocse monitoring (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glucose monitoring.

Decision rationale: Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. Although some form of glucose self-monitoring has long been available, current-day forms of self-monitoring include self-monitoring of blood glucose (SMBG) and continuous glucose monitoring (CGM), while long-term assessment is most often by A1C. In this case, the patient has been diagnosed with glucose intolerance. The patient's fasting blood sugar was within normal limits on 08/08/2015. She has been SMBG levels and these levels have been controlled. Medical necessity for the requested Accu-chek blood glucose test has not been established. The requested test is not medically necessary.

One Body Mass Index Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kendler DL, Borges JL, Fielding RA, Itabashl A, Krueger D, Mulligan K, Camargos BM, Sabowitz B, Wu CH Yu EW, Shepherd J. The official positions of the International Society for Clinical Densitometry: Indications of use and reporting of DXA for body composition. J Clin Densitom. 2013 Oct-Dec; 16(4): 496-507.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Body Mass Index, or BMI, expresses the relationship between weight and height. It is a fairly reliable indicator of how much body fat they have. Guidelines state that patients with muscle weakness and poor physical functioning along with obese patients undergoing bariatric surgery would warrant a body composition analysis. This patient does not meet guideline criteria at this time. Medical necessity for the requested BMI Test has not been established. The requested test is not medically necessary.