

Case Number:	CM15-0191985		
Date Assigned:	10/06/2015	Date of Injury:	01/24/2008
Decision Date:	12/14/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker is a 64 year old male, who sustained an industrial injury on 1-24-08. The injured worker was diagnosed as having gastroesophageal reflux disease secondary to NSAIDs, irritable bowel syndrome and hypertension. Medical records (4-16-15 through 7-20-15) indicated occasional abdominal pain. The physical exam (4-16-15 through 7-20-15) revealed a non-distended abdomen, no guarding with abdominal palpation and no hepatosplenomegaly. As of the PR2 dated 8-31-15, the injured worker reports occasional abdominal pain. Objective findings include a non-distended abdomen, no guarding with abdominal palpation and no hepatosplenomegaly. The treating physician noted the previous CBC results from 7-21-15 showed a white blood cell count of 11.9. Treatment to date has included a body mass index on 7-20-15 showing a BMI of 23.6 and on 4-16-15 showing a BMI of 22.7, Amlodipine, Miralax, Losartan, Clonidine, Prilosec, Simethicone and Probiotics. On 8-31-15 the treating physician requested a Utilization Review for Prilosec 20mg #30 x 2 refill, Simethicone 80mg #60 x 2 refills, Probiotic #60 x 2 refills, a CBC and a body mass index. The Utilization Review dated 9-15-15, non-certified the request for Prilosec 20mg #30 x 2 refill, Simethicone 80mg #60 x 2 refills, Probiotic #60 x 2 refills, a CBC and a body mass index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30 with 2 refills prescribed on 8/31/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Medical records indicate injured worker is no longer on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Simethicone 80 mg #60 with 2 refills prescribed on 8/31/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

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

Decision rationale: CA MTUS and ODG do not address this therefore alternate guidelines including Up to date were reviewed. Simethicone is used to ease too much gas in the GI (gastrointestinal) tract. Medical records do not indicate any ongoing GI complaints after the injured worker has been of the medications. The requested treatment: Simethicone 80 mg #60 with 2 refills is not medically necessary.

Probiotics #60 with 2 refills prescribed on 8/31/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nccam.nih.gov.

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

Decision rationale: CA MTUS and ODG do not address this. Therefore alternate guidelines including Up to date were reviewed. Several probiotic preparations have promise in preventing or treating various conditions. However, most studies have been small, and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. Furthermore, considerable differences exist in composition, doses, and biologic activity between various commercial preparations, so that results with one preparation cannot be applied to all probiotic preparations. Finally, no preparation is FDA approved and most are not reimbursed by insurers.

Enthusiasm for probiotics has outpaced the scientific evidence. Large, well-designed multicenter controlled clinical trials are needed to clarify the role of specific probiotics in different well-defined patient populations. Medical records do not indicate any ongoing GI complaints after the injured worker has been off the offending medications. The requested treatment: Probiotics #60 with 2 refills is not medically necessary.

Labs (CBC panel): 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, specific drug list & adverse effects.

Decision rationale: MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate this injured worker had previous lab tests. Also the injured worker is off NSAIDs. Treating provider's notes do not provide clear rationale to support the appropriateness for repeating the test in this injured worker. The medical necessity of the requested item has not been established. The requested treatment: Labs (CBC panel) is not medically necessary.

Retro Body Mass Index (BMI) test performed on 8/31/2015: 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 Up to date.

Decision rationale: Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual. BMI is part of office evaluation, therefore, the requested treatment: Body mass index test is not medically necessary.