

Case Number:	CM15-0194029		
Date Assigned:	10/07/2015	Date of Injury:	07/03/2012
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old female who sustained an industrial injury on 7-3-2012. Diagnosis related to this request is irritable bowel syndrome and psychophysiologic GI reaction. Other diagnoses are lumbar and cervical radiculitis. On 9-1-2015 the injured worker reported increased diarrhea. A progress report through the pain management physician dated 8-12-2015 discussed the injured worker having a recent flare up of pain triggering gastrointestinal problems for which she had an emergency room visit. The note also states she gets stomach upset with her oral medications, and she misses days of medication due to irritable bowel syndrome. Medications with which she has recently been treated for other diagnoses include Vicodin and Butrans, as well as several psychotropic medications. She is noted to have had better results with Duragesic for pain management but this was discontinued. A request was submitted for 30 capsules of VSL No 3; 60 of Levsin 0.125 mg; and, 42 of Xifaxan 550 mg. The note did not state if the injured worker had used these in the past or her response to treatment. This request was denied on 9-10-2015. The injured worker has been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of VSL #3: 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), Pain - Medical food.

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

Decision rationale: According to the official disability guidelines, VSL is not recommended. VSL is a medical food. Until there are higher quality studies of the ingredients in VSL, it remains not recommended. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

60 Tablets of Levsin 0.125mg: Upheld

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

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

Decision rationale: According to the official disability guidelines, Lebsin is not recommended. Levsin is a medical food. Until there are higher quality studies of the ingredients in Levsin, it remains not recommended. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

42 Tablets of Xifaxan 550mg: Overturned

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

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

Decision rationale: According to the ODG, Xifaxan (rifaximin) is an antibiotic that fights bacterial infection only in the intestines. Rifaximin works differently from other antibiotics because it passes through your stomach and into your intestines without being absorbed into your blood stream. Because rifaximin treats only the intestinal tract, it will not treat infections of other parts of the body. Xifaxan is used to treat travelers' diarrhea caused by E. coli in adults and children who are at least 12 years old. Most people get this infection by eating food or drinking fluids that have been contaminated with the E. coli bacteria. Xifaxan is also used to treat irritable bowel syndrome in adults whose main symptom is diarrhea. According to the documents available for review, the IW does not have an ongoing infection requiring antibiotic treatment. The IW does have IBS with diarrhea. Therefore, the requirements for treatment have been met and medical necessity has been established.