MAXIMUS Federal Services

Case Number:	CM15-0200241		
Date Assigned:	10/15/2015	Date of Injury:	09/20/2012
Decision Date:	11/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 year 57 old, female who sustained a work related injury on 9-20-12. A review of the medical records shows she is being treated for abdominal pain and acid reflux. In the progress notes dated 9-2-15 and 9-30-15, the injured worker reports that in August 2014 she began to experience frequent abdominal pain, bloating, gastritis and acid reflux. She states she believes these symptoms are attributed to long term use of pain medication. She states a loss of appetite. She states she still has abdominal pain, bloating, and unchanged acid reflux. On physical exam dated 9-30-15, her abdomen is soft. She has normal bowel sounds. Treatments have included endoscopy-negative, colonoscopy-negative, and an abdominal ultrasound-gallstone. Current medications includes Lyrica, Tizanidine, Duloxetine and Clonazepam. She is not working. The treatment plan includes requests for Dexilant, Gaviscon and Probiotics. She was advised to follow a low fat, low acid, lactose free and gluten free diet. The Request for Authorization dated 9-30-15 has a request for Dexilant, Gaviscon and Probiotics. In the Utilization Review dated 10-9-15, the requested treatments of Dexilant 60mg. #30 and Probiotics #60 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: 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)- TWC Pain Procedure Summary Online Version last updated 09/08/2015.

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

Decision rationale: Dexilant is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Dexilant.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://nccam.nih.gov/health/probiotics/ last updated 01/27/2015.

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

Decision rationale: Probiotics are microorganisms that have beneficial properties for the host and studies suggest potential efficacy in several gastrointestinal illnesses including inflammatory bowel diseases and antibiotic-related diarrhea. This injured worker has a history of abdominal complaints but does not have a diagnosis of IBD or antibiotic related diarrhea. She was advised to follow a low fat, low acid, lactose free and gluten free diet. It is not clear why this was not trialed prior to the request for additional medications. The medical records do not support the medical necessity for the use of Probiotics in this injured worker.