

Case Number:	CM15-0048939		
Date Assigned:	03/20/2015	Date of Injury:	07/25/2006
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51-year-old female, who sustained an industrial injury on 07/25/2006. The injured worker was diagnosed as having gastroesophageal reflux disease, irritable bowel syndrome and gastritis (secondary to nonsteroidal anti-inflammatory medications), hemorrhoids secondary to constipation, status post Helicobacter Pylori treatment, hypertension, hyperlipidemia, obstructive sleep apnea, diabetes mellitus and depression. Currently, the injured worker complains of ongoing hemorrhoids, gastritis and irritable bowel syndrome with improvement with medications. She also reported ongoing gastroesophageal reflux symptoms, poor sleep quality, neck pain, low back pain and bilateral lower leg sciatic complaints. She expressed ongoing depression. Her medical history was remarkable for status post lumbar spine surgery on 02/20/2012 and status post cervical spine laminectomy on 12/20/2013. Medications included Atenolol, Dexilant, Gaviscon, Carafate, Miralax, Colace Simvastatin and Probiotics. New medications prescribed included Gemfibrozil, Lovaza and Amitiza. Apprim was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics BID #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15606379>.

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

Decision rationale: According to Medicine.Net, Lactobacillus acidophilus is an acid-producing bacterium that is available in dietary supplements to restore the normal intestinal flora. Lactobacillus acidophilus bacterial strains are normal colonizers of the bowel and work by inhibiting or decreasing the growth of harmful microorganisms in the gut by producing lactic acid. Preparations that contain these bacteria are considered to be Probiotics, dietary supplements that contain live bacteria that when taken orally, restore beneficial bacteria to the body (GI tract) and promote good health. There is no documentation that the patient developed an abnormal intestinal flora. Therefore, the request for Probiotics BID #60 with 2 refills is not medically necessary.

Amitiza 25 mcg BID #60: 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 (updated 02/10/15).

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

Decision rationale: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore, the request for Amitiza 25 mcg #60 is not medically necessary.