

Case Number:	CM15-0052649		
Date Assigned:	03/26/2015	Date of Injury:	10/28/2010
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 51 year old male injured worker suffered an industrial injury on 10/28/2010. The diagnoses included H. Pylori, constipation predominant form of irritable bowel syndrome and reflux. The injured worker had been treated with medications. On 1/26/2015 the treating provider reported continuing reflux, heartburn, and nausea without vomiting. There is difficulty sleeping noted. The treatment plan included Lab Test - GI Profile and Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Test - GI Profile: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab studies.

Decision rationale: CA MTUS recommends periodic monitoring of the CBC and chemistry profile to monitor liver and renal function in patients maintained on NSAID therapy. It is

recommended to check liver transaminases 4-8 weeks after starting NSAID therapy. Per the reviewed documentation, the claimant is not presently maintained on NSAID therapy. He has a significant GI history that includes IBS, GERD, and H. pylori but there is no specific indication to obtain a GI profile. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Sentra PM #60 3 Bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sentra PM.

Decision rationale: Sentra PM is a Medical food that is intended for use in the management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There is no support for the use of medical food in the treatment of chronic abdominal pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item was not established. The requested medical food is not medically necessary.