

<b>Case Number:</b>	CM15-0052932		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported a repetitive strain injury on 09/15/2010. The current diagnoses include abdominal pain, acid reflux, diarrhea, weight gain, orthopedic diagnosis, sleep disorder, diabetes mellitus, and hyperlipidemia. The injured worker presented on 01/20/2015 for a follow-up evaluation with reports of an improvement in acid reflux and blood pressure without medication. The injured worker also reported having less abdominal pain. The injured worker's physical examination revealed normal findings. There was no guarding of the abdomen noted. Treatment recommendations at that time included laboratory studies, a urine toxicology screening, an Accu-Chek blood glucose test, and continuation of Dexilant, ranitidine, Gaviscon, probiotics, Voltaren gel, Sentra AM, and Sentra PM. A Request for Authorization form was then submitted on 01/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there is no indication that this injured worker is currently utilizing NSAID medication. The injured worker also reported an improvement in symptoms without the use of medication. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Gaviscon 1 Bottle:** 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 U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Magnesium; Updated: 24 April 2015.

**Decision rationale:** According to the U.S. National Library of Medicine, magnesium is used as an antacid for acid indigestion. In this case, there is a concurrent request for Dexilant 60 mg. The medical necessity for 2 separate medications for acid reflux has not been established. In addition, the injured worker has utilized the above medication since 04/2014 without mention of functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Probiotics #60:** 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 National Center for Complementary and Integrative Health. Oral Probiotics; Last Updated: December 2012.

**Decision rationale:** According to the National Center for Complimentary and Integrative Health, probiotics are available in oral products, such as a dietary supplement, as well as other products such as suppositories and creams. The U.S. FDA has not approved any health claims for probiotics. The medical necessity for the requested medication has not been established in this case. The injured worker has utilized the above medication since 04/2014 without mention of functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Voltaren Gel (1 Tube):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state the only FDA-approved topical NSAID is Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. In addition, there was no frequency listed in the request. As such, the request is not medically appropriate.

**Sentra AM #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 (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. There is no indication of a nutritional deficit. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**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 (ODG) Chronic Pain Chapter, Sentra PM.

**Decision rationale:** The Official Disability Guidelines do not recommend Sentra PM. Sentra PM is intended for the use in management of sleep disorders associated with depression. The injured worker does not maintain a diagnosis of depression. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.