

<b>Case Number:</b>	CM15-0080510		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Emergency 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 47-year-old female, who sustained an industrial injury on 08/30/2010. According to a progress report dated 03/12/2015, the injured worker reported that abdominal pain, acid reflux and diarrhea were unchanged. Her average blood pressure at home was 130's/70-80's mm/Hg. Diagnoses included history of atrial fibrillation status post cardiac ablation, hypertension with left atrial enlargement rule out industrial causation, chest pain rule out cardiac versus gastrointestinal versus anxiety, palpitations rule out cardiac versus anxiety, shortness of breath rule out cardiac versus pulmonary versus anxiety, abdominal pain (improved), acid reflux, diarrhea rule out irritable bowel syndrome, sleep disorder, valvular disease, pulmonary hypertension and headaches rule out secondary to hypertension. Deferred diagnoses included orthopedic complaints and psychological complaints. Gastrointestinal and hypertension profiles and a urinalysis were ordered. Medications included Zolpidem, Probiotics, Aspirin, Losartan, Xanax, Eliquis and Clonidine. Currently under review is the request for Probiotics, Aspirin, Losartan, Zolpidem, gastrointestinal profiles and hypertension profiles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics # 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/pmc/articles/PMC3002586/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23981066>.

**Decision rationale:** The request is for the use of probiotics. The MTUS and ACOEM guidelines do not offer advice regarding this topic. Further, the ODG guidelines also do not comment on the use of this supplement. The alternative reference states that specified probiotics can provide benefit in IBS and antibiotic-associated diarrhea. Relatively few studies suggested benefits regarding other indications warranting further research. In this case, there is inadequate scientific evidence to justify a condition, which would benefit from probiotic use. As such, the request is not medically necessary.

**ASA 81mg #30 with 2 refills:** Overturned

**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 Page(s): 81 of 127.

**Decision rationale:** The request is for the use of aspirin. The MTUS guidelines state the following: Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. (Ballantyne, 2006) (Furlan, 2006) Long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate (56% in a 2004 meta-analysis). (Kalso, 2004) There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. (Martell-Annals, 2007) Current studies suggest that the upper limit of normal for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. (Ballantyne, 2006) (AMDG, 2007) The guidelines do advise the use of aspirin as an analgesic for chronic pain after acetaminophen. In this case, the records do not indicate the reasoning for the use of aspirin. The patient does have a history of atrial fibrillation, which may prompt its use. In either case, the patient does qualify for the use of this medication. As such, the request is medically necessary.

**Losartan 50mg #30 with 2 refills:** Overturned

**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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 26.

**Decision rationale:** The request is for the use of losartan. This is an antihypertensive medication, which is used to prevent long-term complications of this disease process. The patient does have documentation of general hypertension as well as pulmonary hypertension. The use of a medication in this class would be reasonable. As such, the request is medically necessary.

**Zolpidem 5mg #30 with 2 refills:** 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 03/23/2015) Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399.

**Decision rationale:** The request is for the use of a sleep aid. The need for this type of medication is varied and includes side effects of pharmaceuticals taken, stress, or even psychiatric conditions. Prior to use, a proper work-up is required delineating the etiology of the sleep disturbance. This may require a psychiatric evaluation. Further, restorative measures should initially include improving sleep hygiene, reducing caffeine intake and fat rich foods. In this case, the required evaluation and initial treatment measures are not seen. As such, the request is not medically necessary.

**Gastrointestinal profiles:** Overturned

**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/pubmedhealth/PMHT0022070>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

**Decision rationale:** The request is for a gastrointestinal panel. This is a blood test, which usually includes liver and pancreatic function. This panel is ordered at times for routine health screening or to rule out certain medical conditions based on the patients complaints. In this case, the patient does have symptoms which would warrant evaluation and a gastrointestinal panel would be considered reasonable. As such, the request is medically necessary.

**Hypertension profiles:** Overturned

**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/pubmedhealth/PMHT0022070>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

**Decision rationale:** The request is for a comprehensive metabolic panel. This is a blood test, which measures your glucose level, electrolyte and fluid balance, kidney and liver function. The MTUS and ODG are silent regarding this topic. This panel is ordered at times for routine health screening or to rule out certain medical conditions based on the patients complaints. In this case, the patient does have symptoms which would warrant evaluation and a complete metabolic panel would be considered reasonable. As such, the request is medically necessary.