

Case Number:	CM15-0084091		
Date Assigned:	05/06/2015	Date of Injury:	09/25/2002
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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 65 year old female who sustained an industrial injury on 9/25/02. The injured worker was diagnosed as having status post left total knee arthroplasty, status post right knee arthroscopy with partial medial meniscectomy, lumbar radiculopathy, cervical myofascial pain, headaches and internal medical diagnosis. Currently, the injured worker reported complaints of intermittent discomfort in the right knee, neck and back as well as headaches. Previous treatments included chiropractic treatments, and medication management. Physical examination on 2/10/15 of the left knee revealed a well healed surgical incision, right knee tenderness and lower lumbar paravertebral tenderness. The plan of care was for medication prescriptions, laboratory studies and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, criteria for the use of UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 94-95.

Decision rationale: "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. d) Frequent evaluation of clinical history, including questions about cravings for the former drug of abuse (a potential early sign of relapse). e) Frequent review of medications (including electronic medical record evaluation when available and pill counts at each visit, brought in the original bottle from the pharmacy). f) Communication with pharmacists. g) Communication with previous providers and other current providers, with evidence of obtaining medical records. (It has been recommended that opioids should not be prescribed on a first visit until this step has been undertaken.) h) Evidence of participation in a recovery program (12-step or follow-up with a substance abuse counselor), such as speaking to his/her sponsor for the 12-step program. i) Establishment of goals of treatment that can be realistically achieved. j) Initiation of appropriate non-opioid adjunct medications and exercise programs. k) Utilize careful documentation, and in particular, that which is recommended in the State in which opioids are prescribed. l) Incorporate family and friends for support and education. (Chabel)" The patient has a complex history with an industrial injury sustained in September 2002. She subsequently has intermittent discomfort in the right knee, neck and back as well as headaches. The MTUS guidelines state that a urine toxicology screen is indicated in cases of opioid therapy initiation or maintenance. The documentation reviewed does not support the need for a repeat urine toxicology screen. There are records showing the patient had a screen performed on 3/2015. There is no documentation of medications the patient is currently taking requiring monitoring. Therefore the request is not medically necessary.

Labs, GI, HTN profiles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/conditions/hypertension/start/3/tests>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.heart.org/HEARTORG/Conditions/Heart-Health-Screenings_UCM_428687_Article.jsp.

Decision rationale: The MTUS guidelines do not comment on blood testing screen measures. The American Heart Association does make evidence based recommendations regarding the frequency of screening for males and females based on age. For females 65 years or older, it is advised that a cholesterol screen is performed every 4-6 years for a normal risk person. It also states a blood glucose test should be performed every 3 years after the age of 45. The patient had blood testing performed in December of 2014 which were reported as unremarkable. The documentation reviewed does not support the need for further testing. Therefore the request is not medically necessary.

Probiotics #60 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.gov/pubmed/1818172>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://nccih.nih.gov/health/probiotics/introduction.htm>.

Decision rationale: In 2008, the journal *Clinical Infectious Diseases* published a special issue on probiotics, which included an overview of clinical applications. Based on a review of selected studies, the authors classified several applications according to the strength of evidence supporting the efficacy of probiotics in prevention and/or treatment. For example, the authors concluded that strong evidence exists for acute diarrhea and antibiotic-associated diarrhea, and substantial evidence exists for atopic eczema (a skin condition most commonly seen in infants). Promising applications include childhood respiratory infections, tooth decay, nasal pathogens (bacteria harbored in the nose), gastroenteritis relapses caused by *Clostridium difficile* bacteria after antibiotic therapy, and inflammatory bowel disease. The authors also discussed various potential future applications. The patient has multiple diagnoses including left total knee arthroplasty, status post right knee arthroscopy with partial medial meniscectomy, lumbar radiculopathy, cervical myofascial pain, headaches and internal medical diagnosis. Currently, the injured worker reported complaints of intermittent discomfort in the right knee, neck and back as well as headaches. Probiotics have been shown to be of benefit for acute diarrhea and antibiotic associated diarrhea. There is insufficient documentation revealing that the patient suffers from an illness which has been shown to be of benefit from a probiotic. The patient could use over the counter probiotics if she feels it has benefited her but scientific evidence is lacking for its benefit outside of the above stated conditions. Therefore the request is not medically necessary.