

Case Number:	CM15-0085098		
Date Assigned:	05/29/2015	Date of Injury:	01/19/2011
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of January 19, 2011. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve requests for probiotics, Sentra, and an EKG. A RFA form received on March 31, 2015 and an associated progress note of February 25, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain. The applicant was pending an epidural steroid injection therapy. The applicant was described as having issues with stable anemia with a hemoglobin apparently in the 9 to 10 range. The applicant denied any issues with hypertension, diabetes, coronary artery disease, COPD, stroke, dyslipidemia, or asthma, it was reported. The applicant was using Tylenol No. 3, Levoxyl, various steroid nasal sprays, Soma, and Xanax, it was reported. The applicant was described as medically stable and clear to undergo an epidural injection. In a progress note dated February 25, 2015, the applicant reported issues with reflux and/or associated improving left lower quadrant abdominal pain. The applicant's medication list included Dexilant, Citrucel, Carafate, Colace, probiotics, Amitiza, Anusol suppositories, and Sentra, it was reported. EKG testing was ordered. It was not clearly stated for what purpose EKG testing was endorsed. In an associated RFA form dated February 25, 2015, unspecified laboratory testing, Dexilant, Citrucel, Carafate, Colace, probiotics, Amitiza, and Sentra were renewed.

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 World Gastroenterology Organisation (WGO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chronic Pain, page 926.

Decision rationale: No, the request for probiotics, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements are not recommended in the treatment of chronic pain as there is no evidence of their efficacy. Here, the attending provider did not furnish a clear or compelling rationale for selection of probiotics in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

1 EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Similarly, the request for an EKG was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that electrocardiography and possibly cardiac enzyme studies may be needed to clarify apparent referred cardiac pain, here, however, there was no mention of the applicant's having issues with chest pain on the February 25, 2015 progress note in question. It was not clearly stated what was sought. It was not clearly stated what was suspected. There was no mention of the applicant's having cardiac issues or cardiac risk factors on or around the date in question. Subsequent progress note of April 20, 2015, furthermore, acknowledged that the applicant had no history of hypertension, diabetes, coronary artery disease, dyslipidemia, stroke, asthma, etc. EKG testing was not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.

Sentra PM #60 3 bottles: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chronic Pain, page 926.

Decision rationale: Finally, the request for Sentra, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements such as Sentra are not recommended in the chronic pain context as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.