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| Case Number: | CM15-0089941 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 07/03/2005 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Hawaii
 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:

This 57 year old woman sustained an industrial injury on 7/3/2005. The mechanism of injury is not detailed. Diagnoses include gastropathy, Barrett's esophagus and hiatahernia, constipation, chest pain, shortness of breath, sleep disorder, and non-specified orthopedic and psychiatric disorders. Treatment has included oral medications. Physician notes on a PR-2 dated 4/16/2015 show complaints of worsening abdominal pain, unchanged acid reflux, constipation, and poor sleep quality. Recommendations include laboratory testing, Dexilant, Gaviscon, Citrucel, Colace, Probiotics, Amitiza, Ranitidine, Sentra PM, and avoid NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: TSH, AML, CMPR, HPYA, CBC: 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 NSAIDs Page(s): 70. Decision based on Non-MTUS Citation <http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/35755>.

Decision rationale: The patient presents with pain affecting the abdomen. The current request is for Labs: TSH, AML, CMPR, HPYA, CBC. The treating physician report dated 4/16/15 (15B) provides no rationale for the current request. The MTUS and ODG guidelines do not address TSH lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The TSH test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss HPYA tests. notes that HPYA is used for Screening for Helicobacter pylori. Helicobacter pylori is a spiral-shaped, gram-negative bacillus that has been associated with gastritis, gastric and duodenal ulcers, and gastric malignancies. This reference goes on to state, "This assay should be performed only on patients with gastrointestinal symptoms and should not be used to test asymptomatic patients." The abbreviations AML, LIPS, CMPR are not commonly known and there is no clarification in the documents provided. To the best of this reviewer's knowledge, the physician is requesting serology for amebiasis, herpes simplex and an arthritis panel. In this case, the treating physician does not clearly elucidate his rationale for ordering these tests. It appears he is evaluating the IW for constipation. The IW worker has had chronic constipation and the physician seems to be evaluating for any cause of abdominal pain. Medical necessity has not been established and the request is not medically necessary.

Probiotics #60 BID: 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
<http://nccam.nih.gov/health/probiotics/introduction.htm>.

Decision rationale: The patient presents with pain affecting the abdomen. The current request is for Probiotics #60 BID. The treating physician report dated 4/16/15 (15B) provides no rationale for the current request. The ACOEM, MTUS and ODG guidelines do not discuss Probiotics. <http://nccam.nih.gov/health/probiotics/introduction.htm> states that "Probiotics are live microorganisms (e.g., bacteria) that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) has not approved any health claims for Probiotics." In this case, Probiotics are a supplement and are not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. The current request is not medically necessary.

Ranitidine #30 150 MG Daily 3 Bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the abdomen. The current request is for Ranitidine #30 159 MG Daily 3 Bottles. The treating physician report dated 4/16/15 (15B) provides no rationale for the current request. The MTUS Guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treating physician is using H2 blocker for prophylaxis. MTUS requires documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of PPI. The medical reports provided, show the patient was advised not take any NSAIDs. In this case, while the patient has a history of acid reflux, abdominal pain, Barrett's esophagus and hiatal hernia, the efficacy of the current medication is not discussed in any of the current medical reports provided for review. Additionally, a report dated 9/24/14 (37B) states, "From early 2000's to 2009, the patient presented to her primary care physician who prescribed Ranitidine and Omeprazole, which only provided temporary relief." Furthermore, 3 additional bottles without documentation of functional improvement or medication efficacy is not supported by the MTUS guidelines. The current request 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 ODG, Pain chapter, Sentra.

Decision rationale: The patient presents with pain affecting the abdomen. The current request is for Sentra PM #60 3 Bottles. The treating physician report dated 4/16/15 (15B) provides no rationale for the current request. The ODG guidelines states that, "Sentra PM is a medical food from [REDACTED], [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." ODG further states that for choline, "There is no known medical need for choline supplementation." For Glutamic Acid, "This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." For 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." In this case the treating physician has prescribed a compounded medical food and only one component of Sentra PM is recommended for the treatment of sleep disorder. The other ingredients listed for Sentra PM, Choline and Glutamic acid are not supported and the treating physician has not provided any medical rationale to prescribe a medical food that contains ingredients not supported by the ODG guidelines. The current request is not medically necessary.