MAXIMUS Federal Services

Case Number:	CM14-0147642		
Date Assigned:	09/15/2014	Date of Injury:	10/02/2003
Decision Date:	12/18/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 10/02/2003 due to an unknown mechanism. Diagnoses were abdominal pain, bright red blood per rectum (stable), gastroesophageal reflex disease, irritable bowel syndrome, hypertension, triggered by work related injury, blurred vision, and hypertriglyceridemia, secondary to hypertension. Physical examination on 06/11/2014 revealed that the injured worker reported no bright red blood per rectum. The injured worker also reported ongoing abdominal pain, gastroesophageal reflex symptoms, irritable bowel syndrome, hypertension and blurred vision. The injured worker claimed an average blood pressure of 139/80 mmHg. There were complaints of right shoulder pain. Examination of the cardiovascular system revealed regular rate and rhythm, S1 and S2. There were no rubs or gallops appreciated. Examination of the extremities revealed no clubbing, cyanosis, or edema. Extremity examination of tenderness and range of motion was deferred to the appropriate specialist. Medications were Prevacid, Bystolic, and probiotics. The injured worker was advised to avoid NSAIDs. Treatment plan was referral for an ophthalmology consult and a GI consult for gastroesophageal reflux disease and bright red blood per rectum. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #30, Date of service: 6/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The decision for Prevacid 30mg #30, date of service: 6/30/14 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events (1) Age greater than 65 years, (2) History of peptic ulcer, GI bleeding, or perforation, (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant, or (4) High dose/multiple NSAIDs. Although the injured worker has reported gastrointestinal relief and functional improvement from the use of this medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Byostolic 20mg #30, Date of service: 6/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (updated 7/28/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment

Decision rationale: The decision for Byostolic 20mg #30, date of service: 6/30/14 is not medically necessary. The Official Disability Guidelines state that after lifestyle, diet, and exercise modifications, the first line choice medication is a renin angiotensin aldosterone system blocker such as ACE inhibitors, benazepril (Lotensin), captopril (Capoten), Enalapril (Vasotec), and Lisinopril (Zestril). Also, angiotensin 2 receptor blockers such as losartan (Cozaar), Olmesartin (Benicar), valsartan (Diovan). Recommended medication step therapy for hypertension, first line, second edition calcium channel blockers such as amlodipine (Norvasc), Nicardipine (Cardene), Nifedipine (Procardia). First line, third edition are thiazide diuretics such as hydrochlorothiazide (HCTZ). First line, fourth edition are beta blockers such as atenolol, Metoprolol, Nadolol and propranolol. It was not reported that the injured worker had started on an ACE inhibitor or an angiotensin 2 receptor blocker reported as failed. Bystolic 20 mg is not supported or recommended in the medication step therapy for hypertension. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Probiotics #60, Date of service: 6/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Intern Med. 2005 Jan;257(1):78-92. Priobiotics and gastrointestinal diseases. Sullivan AI, Nord CE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health: http:// nccam.nih.gov/health/probiotics

Decision rationale: The decision for Probiotics #60, Date of service 6/30/14 is not medically necessary. Probiotics are live microorganisms (in most cases, bacteria) that are similar to beneficial microorganisms found in the human gut. They are also called "friendly bacteria" or "good bacteria." Probiotics are available to consumers mainly in the form of dietary supplements and foods. The medical guidelines do not address probiotics. The request does not indicate the name of the Probiotic and the request does not indicate a frequency for the medication. There is a lack of documentation indicating the use of the probiotic and a clear rationale detailing information in regards to the benefits of using this medication. There were no other significant factors provided to support continued use. Therefore, this request is not medically necessary.