

Case Number:	CM14-0175077		
Date Assigned:	10/28/2014	Date of Injury:	04/12/2010
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/22/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old female who was injured at work on 04/12/2010 when she tripped and fell. The injured worker is reported to be complaining of minimal acid reflux and constipation. The physical examination was unremarkable. Knee X-ray revealed degenerative osteoarthritis changes, while the lumbosacral X-ray was unremarkable. The worker has been diagnosed with obesity, sleep disorder, degenerative changes to the lumbar spine, hypertension, obstructive sleep apnea, constipation, history of rectal bleed, gastroesophageal reflux secondary to NSAIDs, and status H. Pylori treatment. Treatments have included extradural steroid injection, Meloxicam, Opioids, and physical therapy. At dispute are the requests for 60 Tablets of Probiotics; Topical Cream 210grams (Flurbiprofen 20%, Tramadol 20%; Topical Cream 210 grams (Gabapentin 105, Amitriptyline 105, Dexamethasone 10%); and 30 Capsules of Colace 250mg (2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Probiotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: 1. American Gastroenterological Association: <http://www.gastro.org/patient-center/diet-medications/probiotics>; 2. Physician Desk Reference: <http://www.pdrhealth.com/supplements/the-power-of-probiotics>

Decision rationale: The medical records provided for review do not indicate a medical necessity for 60 Tablets of Probiotics. Neither the MTUS nor the Official Disability Guidelines makes reference to Probiotics. However, both Physician desk reference and the American Gastroenterological Association websites identify probiotics as living microorganisms that has been shown to benefit. They are mostly bacteria, but they may also be other organisms such as yeasts, used to promote digestive health. There are different kinds of probiotics, and each one is used in treating a particular kind of digestive problem. Their uses include treatment of Irritable Bowel Syndrome; Inflammatory Bowel Disease; Infectious Diarrhea; Travelers ' Diarrhea; Antibiotic-Related Diarrhea. Since the request did not specify what kind of probiotics is being requested and what is being treated, the requested treatment is not medically necessary and appropriate.

(1) Topical Cream 210grams (Flurbiprofen 20%, Tramadol 20%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The medical records provided for review do not indicate a medical necessity for (1) Topical Cream 210grams (Flurbiprofen 20%, Tramadol 20%). The MTUS Chronic Pain Medical Treatment Guidelines recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Flurbiprofen nor Tramadol is recommended by the guidelines; therefore the requested treatment is not medically necessary.

(1) Topical Cream 210 grams (Gabapentin 105, Amitriptyline 105, Dexamethasone 10%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The medical records provided for review do not indicate a medical necessity for (1) Topical Cream 210 grams (Gabapentin 105, Amitriptyline 105, Dexamethasone 10%). The MTUS Chronic Pain Medical Treatment Guidelines recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Gabapentin nor, Amitriptyline nor Dexamethasone is recommended by the guidelines; therefore the requested treatment is not medically necessary.

30 Capsules of Colace 250mg (2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape (http://www.medscape.com/viewarticle/427442_5)

Decision rationale: The medical records provided for review do not indicate a medical necessity for 30 Capsules of Colace 250mg (2 refills). According to the guidelines, constipation is one of the most frequent side effects associated with long-term opioid therapy. However, the records reviewed do not indicate the injured worker is currently being treated with opioids. Therefore, the requested treatment is not medically necessary and appropriate.