

Case Number:	CM14-0211246		
Date Assigned:	12/24/2014	Date of Injury:	07/20/2014
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 60 year old male with an injury date of 07/20/14 Based on the 10/11/14 progress report provided by treating physician, the patient complains of chest pain, abdominal pain, and acid reflux symptoms, possibly associated with stress. Patient also complains of sleep disturbances secondary to his gastrointestinal pain and stress, reports waking up gasping at night. Physical examination pertinent to GI/Cardiac complaint notes regular rate and rhythm, no rubs or gallops noted, soft non-tender abdomen with bowel sounds present. The patient is currently prescribed Simvastatin, Metocarbamol and takes Ibuprofen and Tylenol OTC as needed for headaches. Diagnostic reports included EEG report from a 2 night sleep study conducted on 10/11-12/14, significant findings include: "Patient's total sleep time was outside age/gender matched ranges". Patient is currently working. Diagnosis 10/08/14- Abdominal pain- Acid reflux- Chest pain- Cephalgia- Sleep disorder, rule out obstructive sleep apnea- Psychiatric diagnoses (referred to the appropriate specialist)The utilization review determination being challenged is dated 11/21/14.The rationale follows:1) Probiotics: "There is no documented medical efficacy or benefit for probiotics when added to conventional medications such as NSAIDS, opioid narcotics, muscles relaxants, or antidepressant." 2) Prilosec: "There has not been any comment or mention of altered dose of the NSAID or need for dietary change resulting from GI symptoms associated with the NSAID or other medications being prescribed." Treatment reports were provided from 07/21/14 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbl.nlm.nih.gov/pmc/articles/PMC3002586/#>

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: Therapeutic Advanced Gastroenterology 2010; 3(5):307-319. Use of Probiotics in Gastrointestinal Disorders.

Decision rationale: The patient presents with chest pain, abdominal pain, and acid reflux symptoms, possibly associated with stress. Patient also complains of sleep disturbances secondary to his gastrointestinal pain and stress, reports waking up gasping at night. The request is for Probiotics BID #60. Physical examination pertinent to GI complaint notes soft non-tender abdomen with bowel sounds present. The patient is currently prescribed Simvastatin, Metocarbamol and takes Ibuprofen and Tylenol OTC as needed for headaches. While MTUS and ODG guidelines do not specifically address the use of probiotic therapy for the treatment of gastrointestinal complaints, an article published in the journal Therapeutic Advanced Gastroenterology 2010; 3(5):307-319. Use of Probiotics in Gastrointestinal Disorders by Elizabeth C. Verna, MD, MSc, Susan Lucak has the following: "The effect of probiotics on other GI disorders have also been studied, including lactose intolerance, Helicobacter pylori infection, microscopic colitis, prevention and treatment of diverticulitis, and even colon cancer prevention. The studies have been small and meta-analyses are too variable to draw firm conclusions of benefit...When added to standard therapy, probiotics do not provide additional benefit compared with standard therapy alone. Most probiotics tested to date are not more effective than placebo in inducing or maintaining IBD remission."The treater has not provided a reason for the request, other than subjective complaints of heartburn and gastric discomfort. Furthermore, there are no peer-reviewed studies available which establish the efficacy of probiotic therapy as an effective treatment. Therefore, this request is not medically necessary.

Prilosec 20 mg OD #30: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with chest pain, abdominal pain, and acid reflux symptoms, possibly associated with stress. Patient also complains of sleep disturbances secondary to his gastrointestinal pain and stress, reports waking up gasping at night. The request is for Prilosec 20 mg OD #30. Physical examination pertinent to GI complaint notes soft non-tender abdomen with bowel sounds present. The patient is currently prescribed Simvastatin,

Metocarbamol and takes Tylenol and Ibuprofen OTC as needed for headaches. Regarding NSAIDs and GI risk factors, MTUS requires determination of risk for GI events including age greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided a reason for the request. Patient is not currently prescribed a high dose NSAID, ASA, corticosteroid, or anticoagulant - only reports taking ibuprofen as needed for headaches and other pain. No documented history of peptic ulcer or other significant gastric condition is included in the reports provided. Furthermore, the patient is not classified as being high risk for GI bleeding as he is not older than 65. Therefore, this request is not medically necessary.