

Case Number:	CM15-0015366		
Date Assigned:	02/03/2015	Date of Injury:	12/17/2010
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 12/17/2010. A primary treating office visit dated 12/03/2014 reported the patient continues with pain in her left knee, lower and upper back and neck. In addition, she is found with left ankle swelling. Physical examination found the cervical spine with restricted range of motion. Paravertebral muscles are tender to palpation and with spasm. Deep tendon reflexes normal and symmetrical. Sensation is reduced in bilateral hands. The lumbar spine showed paravertebral muscles tender to palpation; spasm present. Restricted range of motion. The bilateral knees showed joint line tenderness to palpation and a positive McMurray's test. The impression noted cervical sprain; internal derangement of knee; post surgical status; anxiety disorder and lumbar radiculopathy. The plan of care involved continuing with medications; follow up with internist and return as needed. A request was made for the following services probiotics, Bentyl, GI Consultation and ultra sound, Urine toxicology; GI lab profile and a sleep study. On 12/31/2014 Utilization Review non-certified the request, noting the CA MTUS, Chronic Pain, Urine Toxicology, the Official Disability Guidelines and Goldman, Medscope.com, MDconsults.com, NCCAm.nih.gov all cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics, quantity 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 NCAM, <http://nccam.nih.gov/health/probiotics/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Probiotics for Gastrointestinal Disease, Updates 3/12/2015

Decision rationale: CA MTUS and ODG are silent on use of probiotics. Up To Date states that several probiotic preparations have promise in preventing or treating various conditions. However, most studies have been small, and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. Furthermore, considerable differences exist in composition, doses, and biologic activity between various commercial preparations, so that results with one preparation cannot be applied to all probiotic preparations. Finally, costs to the patient may be considerable since no preparation is FDA approved and most are not reimbursed by insurers. Enthusiasm for probiotics has outpaced the scientific evidence. Large, well-designed multicenter controlled clinical trials are needed to clarify the role of specific probiotics in different well-defined patient populations. There is no medical indication for probiotics in this case.

Bentyl 10mg quantity 360 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com; Dicyclomine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Lexicomp, Dicyclomine

Decision rationale: CA MTUS and IDG are silent on use of Bentyl. Lexicomp states that Bentyl (dicyclomine) is indicated for use for irritable bowel syndrome and gastrointestinal motility disorders. In this case, there is no documentation of irritable bowel syndrome. There is a diagnosis of constipation related to opioid use but no documentation of failure of first line treatment, such as ensuring adequate hydration, physical activity and fiber rich diet. Second line pharmacologic therapies may be considered only if first line therapies have failed. Lacking such documentation, Bentyl is not medically indicated.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain procedure summary, Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Pain

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. A drug screen consistent with prescribed medication was performed on 8/13/14 and there is no indication for another UDS at this time.

GI profile labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman: Cecil Medicine, 23rd edition, Chapter 134

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Therapeutic and Diagnostic Testing

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests, such as CBC and CMP. A CBC may be ordered to assess for signs of infection, inflammation, anemia or other blood or bone marrow condition. A CMP may be ordered to assess electrolytes levels, kidney function or liver function. In this case, the request is for a non specific "GI profile labs". This request is so non specific as to be unsupportable by any medical records submitted. Non specific "GI profile labs" are not medically indicated.

Sleep study with CPAP titration: 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), TWC, Pain procedure summary, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain

Decision rationale: The medical record states that the claimant has insomnia because of pain. There is no documentation of behavioral interventions and no documentation of the adequacy of the treatment of his depression. According to the ODG, a sleep study is indicated to investigate unexplained persistent insomnia (defined as 4 or more nights of disordered sleep, for 6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, the medical record

states that the insomnia is due to chronic pain and the insomnia is explained by the presence of pain. A sleep study is not medically necessary when the cause of insomnia is directly attributed to pain.

Ultrasound of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/722415_2

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Diagnostic Approach to Abdominal Pain in Adults, last updated 4/11/2013

Decision rationale: CA MTUS and ODG are silent on abdominal ultrasound. Up to Date describes abdominal ultrasound as indicated for investigation of acute or chronic abdominal pain. In this case, an abdominal ultrasound was indicated for investigation of chronic abdominal pain. The medical record contains results of an abdominal ultrasound on 12/16/13 showing gallstones and mild splenomegaly with no evidence of acute cholecystitis. There is no indication in the record of any substantial worsening of GI symptoms (in fact, the record indicates symptoms are well controlled on medication) and therefore there is no indication for a follow up ultrasound of abdomen.

GI consultation: 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), TWC, Pain procedure summary, Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records describe gastroesophageal reflux controlled by medication and opioid induced constipation under good control. A gastroenterology consult was previously approved by UR on 2/26/14 and no results of that consultation are included in the record. There is no indication for another GI consult.