

Case Number:	CM15-0019001		
Date Assigned:	02/09/2015	Date of Injury:	10/06/2010
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 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 55 year old male, who sustained an industrial injury on October 6, 2010, when hit by a pallet, rendering him unconscious. He has reported numbness through his body as well as sharp pain at his head and ribcage. The diagnoses have included bilateral carpal tunnel syndrome, and right shoulder impingement syndrome. Treatment to date has included a left carpal tunnel release on August 21, 2014, cortisone injections, physical therapy, and medications. Currently, the injured worker complains of bilateral wrist pain with numbness to bilateral index and middle fingers, with occasional numbness to other fingers, and pain radiating from the neck to both sides of the hands. The Primary Treating Physician's report dated November 24, 2014, noted the right shoulder with tenderness to palpation, the right wrist with moderate tenderness to palpation, and the left wrist with mild tenderness to palpation. The injured worker was noted to have undergone a stress echocardiogram on May 1, 2014, which was noted to be negative for angina with no evidence of reversible ischemia. On January 16, 2015, Utilization Review non-certified Hypertensa 2 bottles #60, Sentra PM 2 bottles #60, and Probiotics twice daily #60. The UR Physician noted that more research was needed to guide the use of particular probiotic regimens in specific patient groups, therefore the request for Probiotics twice daily #60 was not medically necessary, citing non-MTUS guidelines. The UR Physician noted the Hypertensa and Sentra PM were medical foods, and therefore not medically necessary, citing the Official Disability Guidelines (ODG), Pain, updated December 31, 2014. On February 2, 2015, the injured worker submitted an application for IMR for review of Hypertensa 2 bottles #60, Sentra PM 2 bottles #60, and Probiotics twice daily #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa 2 bottles #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Medical Food

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

Decision rationale: Hypertensa is a medical food that contains L-Arginine, L-glutamine, Histidine and Ginkgo. It is used to synthesize nitric oxide and assist with hypertension. Paradoxically, Ginkgo can raise blood pressure. L-Arginine is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. Glutamic Acid hypochlorhydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. In this case, the most recent blood pressure available was from 2012. The 1st line therapy for hypertension is not a medical food. The ingredients note above are not indicated for the claimant's diagnoses and therefore the Hypertensa is not medically necessary.

Sentra PM 2 bottles #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

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

Decision rationale: Sentra PM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate. It is intended to be used for controlling sleep. According to the ODG guidelines, choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamate is used for treatment of hypochlorhydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra PM. The use of Sentra PM is not medically necessary.

Probiotics twice daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20169673>

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

Decision rationale: According to the guidelines, medical foods are recommended. Specific mention of pro-biotics are not mentioned. In this case, the need for pro-biotics or expected benefit is not mentioned. In addition, the claimant had been on numerous antibiotics without mention of specific response or side effect where a Pro-biotic may be needed. As a result, the pro-biotic is not medically necessary.