

<b>Case Number:</b>	CM15-0111009		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 60 year old male, who sustained an industrial injury on 12/26/02. The injured worker was diagnosed as having post laminotomy pain syndrome, L5-S1 anterior spondylolisthesis/bilateral pars defect, status post L5-S1 fusion with subsequent hardware removal, chronic left lumbar radiculitis with pain, abdominal pain and reports of depression and anxiety. Treatment to date has included Tramadol, Norco, Nucynta, Butrans patch, lumbar brace, lumbar fusion, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of continued low back pain, keeping him awake at night. He has been able to discontinue Tramadol, Norco and Nucynta. Physical exam noted antalgic gait, painful and limited range of motion of the lumbar spine and hypoesthesia in the left L5-S1 dermatome. A request for authorization was submitted for Sentra, Nexium, Ranitidine, Gaviscon, Probiotics, cardiology consultation and cardio-respiratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM # 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 (ODG), Treatment in Workers Compensation (TWC), Pain Chapter, Medical Foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra-AM product information. <http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>, accessed 09/15/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Sentra-AM is a medicinal food. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Sentra-AM in the treatment of the worker's active issues. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets (a two month supply) of Sentra-AM is not medically necessary.

**Ranitidine 150mg #30:** 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), Treatment in Workers Compensation (TWC), Chronic Pain Chapter: Proton-pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Ranitidine: Drug information. Topic 9853, version 159.0. UpToDate, accessed 08/15/2015.

**Decision rationale:** Ranitidine is a medication in the H2-blocker class. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed records indicated the worker was experiencing problems sleeping. There was no suggestion the worker had any symptoms or signs of any of the conditions this medication is used to treat. There also was no discussion describing special circumstances that sufficiently support the use of this medication in this setting. In the absence of such evidence, the current request for 30 tablets of ranitidine 150mg is not medically necessary.

**Gaviscon 1 bottle:** 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), Treatment in Workers Compensation (TWC), Chronic Pain Chapter: Proton-pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Aluminum hydroxide and magnesium hydroxide: Drug information. Topic 8614, version 100.0. UpToDate, accessed 09/18/2015.

**Decision rationale:** Gaviscon (aluminum hydroxide with magnesium hydroxide) is a combination medication used to decrease the amount of acid in the stomach. The MTUS Guidelines are silent on this issue. It is FDA-approved for the treatment of heartburn, acid indigestion, and GI upset. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite amount of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for one unspecified sized bottle of Gaviscon (simethicone) is not medically necessary.

**Probiotics 1 bottle:** 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), Treatment in Workers Compensation (TWC), Pain Chapter, Medical Foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sartor RB, et al. Probiotics for gastrointestinal diseases. Topic 2603, version 25.0. UpToDate, accessed 09/18/2015.

**Decision rationale:** Probiotics are microorganisms that provide benefit to the body. The MTUS Guidelines are silent on this issue. The literature supports their use to prevent the growth and invasion of harmful bacteria through the gut walls, improvement of the immune system, and a decreased feeling of abdominal pain. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite amount of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for one unspecified sized bottle of probiotics is not medically necessary.

**Cardio-Respiratory testing:** 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 Schutte-Rodin S, et al. Clinical guideline for the

evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 09/16/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 40.0. UpToDate. Accessed 09/18/2015.

**Decision rationale:** Cardiorespiratory testing generally looks at the heart and lungs overall, their functions, their structures, and the related blood flow. The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify the type of testing, which does not allow for a determination of medical need. For these reasons, the current request for unspecified cardio-respiratory testing is not medically necessary.