

Case Number:	CM15-0120908		
Date Assigned:	07/01/2015	Date of Injury:	03/11/2008
Decision Date:	08/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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
 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 52 year-old female who sustained an industrial injury on 03/11/08. Initial complaint and diagnoses are not available. Medical evaluation note of 02/24/15 reports previous diagnoses included cervical myofascial sprain/strain, lumbar myofascial sprain/strain, and status post left shoulder surgery. Diagnostics and treatments had included radiographic imaging, physical therapy, and pain medication management including non-steroidal anti-inflammatory medications. Current diagnoses include gastroesophageal reflux disease, hypertension, hyperlipidemia, status post abdominal herniorrhaphy, status post-shoulder surgery, and constipation secondary to pain medications. Diagnostic testing and treatments to date have included laboratory evaluations, and symptomatic topical/oral medication management. In a progress note dated 05/01/15, the injured worker reports controlled gastroesophageal reflux symptoms; she complains of neck and epigastric pain with improvement in dizziness and vomiting. She notes alternating constipation which improves with Amitiza and diarrhea. Abdominal physical examination is remarkable for a postsurgical supra-umbilical scar; there is 2-plus epigastric tenderness to palpation, and diffused abdominal pain on palpation. Current plan of care is dietary modification, and avoid over-the-counter anti-inflammatory medications. Requested treatments include simethicone 80 mg #60 with 2 refills, Gemfibrozil 600 mg #60 with 2 refills, and Probiotics #60 with 2 refills. The injured worker's disability status is not available but notes indicate she has not worked since the time of original injury. Date of Utilization Review: 05/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simethicone 80 mg #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 Bresenoord AJ, Pandolfino JE, Smout AJ. Gastro-oesophageal reflux disease. Lancet 2013; 381 (9881): 1933-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is not traditionally used in the treatment of constipation. Therefore, the request is not medically necessary.

Gemfibrozil 600 mg #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 Katz PO, Garson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. American Journal of Gastroenterology 2013; 108 (3): 308-28; quiz 329.

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

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is FDA approved in the treatment of dyslipidemia. The patient does not have this diagnosis as a result of industrial incident. Therefore, the request is not medically necessary.

Probiotics #60 with 2 refills: 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 Official Disability Guidelines (ODG) probiotics.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states medical foods are indicated in the treatment of a disease state or diagnosis where there absence cannot be fulfilled by regular means or diet. The review of the provided clinical documentation does note the patient to have chronic abdominal complaints but the need for probiotics is not established and the request is not medically necessary.