

<b>Case Number:</b>	CM15-0026096		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43-year-old male, who sustained an industrial injury on January 29, 2007. He has reported neck, right shoulder and lower back pain, epigastric pain, with associated occasional lower abdominal pain, rectal bleeding, intermittent vomiting of blood and constipation. The diagnoses have included gastroesophageal reflux disease, irritable bowel syndrome and past work injuries. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the back and shoulder, physical therapy, electric stimulation, gastroesophageal endoscopy, conservative therapies, nonsteroidal anti-inflammatories and work restrictions. Currently, the IW complains of neck, right shoulder and lower back pain, epigastric pain, with associated occasional lower abdominal pain, rectal bleeding, intermittent vomiting of blood and constipation. The injured worker reported an industrial injury in 2007, resulting in chronic pain in the back, neck and shoulders. He noted driving a forklift and moving heavy objects. He was treated conservatively and surgically without resolution of the pain. He was placed on nonsteroidal anti-inflammatories for multiple years and developed gastrointestinal symptoms as previously noted. Evaluation on January 25, 2015, revealed continued complaints. On January 26, 2015, Utilization Review non-certified a probiotics #60 and Sentradine (Sentra PM) #60/Ranitidine 160mg #30 with three co-packs, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 14, 2015, the injured worker submitted an application for IMR for review of probiotics #60 and Sentradine (Sentra PM) #60/Ranitidine 160mg #30 with three co-packs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics #60 Twice Daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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:** According to the ODG, probiotics are dietary supplements with no specific mechanism of action or disease entity targeted. There are no studies, scientific literature or clinical trials to support the use of this agent. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Sentradine (Sentra PM #60)/Ranitidine 150 MG #30 3 Co-Packs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Sentra PM and Pain (Chronic), Sentra PM.

**Decision rationale:** According to the Official Disability Guidelines, Sentra PM is a medical food from [REDACTED] intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Under study for insomnia. Preliminary results are promising, from a single study sponsored by the manufacturer, but independent unbiased studies are necessary for a recommendation. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.