

<b>Case Number:</b>	CM15-0027970		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male with an industrial injury dated 06/01/2006; 07/22/2005. The mechanism of injury is documented as lifting when he experienced a twisting sensation in his back. His diagnoses included gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs, diabetes, hyperlipidemia, obstructive sleep apnea and status post H. pylori treatment. Deferred diagnoses included diffuse liver disease and hyperuricemia. Prior treatment included physical therapy, referral to a psychiatrist, pain management treatment and orthopedic surgery (fusion). He presents on 12/16/2014 noting unchanged sleep quality (sleeping only 5-6 hours a night). Physical exam noted the injured worker to be alert, oriented, pleasant and cooperative. Lungs were clear and abdomen was soft with normal bowel sounds. His medications included Prilosec, Colace, Tricor, Metformin, Probiotics, Diabetic test strips, Aspirin enteric coated, Vitamin D 3 and Nesina. Accu check blood glucose test was performed at the visit. He was advised to follow a low cholesterol, low glycemic, low acid and low fat diet. He was advised to keep blood glucose and blood pressure diaries and bring to office visits. The requested treatments were ASA EX 81 mg every evening with 2 refills, durable medical equipment - diabetic test strips/lancets/alcohol swabs, 2 times a day, 3 month supply, Metformin 850 mg # 90 with 2 refills, Nesina 25 mg # 30 with 2 refills and Prilosec 20 mg # 30 with 2 refills all of which were authorized. The other requested treatments for review are Colace 100 mg # 60 with 2 refills, Probiotics # 60 with 2 refills and Vitamin D3 50,000 6 weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100 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 FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

**Decision rationale:** Docusate Sodium/ Colace is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication for this injury of 2005/2006. The Colace 100 mg #60 with 2 refills is not medically necessary and appropriate.

**Probiotics #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 [www.medscape.com](http://www.medscape.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Nutrition, page 214.

**Decision rationale:** Head injury increases the body's metabolic responses, and therefore its nutritional demands. Provision of an adequate supply of nutrients is associated with improved outcome. Studies suggest that enhanced enteral nutrition, especially containing glutamine and probiotics, appears to accelerate neurologic recovery and reduces both the incidence of major complications and post injury inflammatory responses. Early feeding may be associated with a trend towards better outcomes in terms of survival and disability. Submitted reports have not demonstrated the indication, symptom complaints, clinical findings, or diagnosis to support for enteral nutrition with probiotics recommended per Guidelines criteria as an option in the treatment of head injury not identified here with industrial injury described from heavy lifting. The Probiotics #60 with 2 refills is not medically necessary and appropriate.

**Vitamin D3 50,000, 6 weekly:** 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 ODG, Pain Chapter, Vitamin D, pages 865-866.

**Decision rationale:** Dietary supplements such as minerals and vitamins may be appropriate for individuals with deficiencies; however, this has not been established here as a result of the industrial injury or illness from heavy lifting. Additionally, per ODG, Vitamin D deficiency is not a considered a workers' compensation condition and although musculoskeletal pain may be associated with low vitamin D levels; however, the relationship may be explained by physical inactivity and/or other confounding factors, making treatment inappropriate. Submitted reports have not demonstrated sufficient indication or clinical findings to support for its use. The Vitamin D3 50,000, 6 weekly is not medically necessary and appropriate.