

Case Number:	CM15-0028361		
Date Assigned:	02/20/2015	Date of Injury:	02/28/2012
Decision Date:	05/21/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/14/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 61 year old male sustained an industrial injury to the right ankle on 02/28/2012. The mechanism of injury was not provided. A qualified medical evaluation report dated 12/15/2014 indicated that the injured worker was being treated for hypertension, diabetes mellitus and gastroesophageal reflux disease. In a PR-2 dated 03/25/2014, the injured worker had no new complaints. Physical examination revealed clear lung sounds to auscultation, regular heart rate and rhythm and soft abdomen with normal active bowel sounds. Current diagnoses included diabetes mellitus, hyperlipidemia, sleep disorder, acid reflux, Helicobacter pylori, constipation, diarrhea and weight gain. The treatment plan included Probiotics #60, Sentra PM #60 x 3 bottles, Appformin-D Co-Packs #3, Labs: GI Profile and DM Profile, GI consult to rule out peptic ulcer disease, gastritis and irritable bowel syndrome and Ophthalmology consult to rule out end organ damage. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication, Last Updated: December 2012, National Center for Complementary and Integrative Health, Oral Probiotics.

Decision rationale: According to the National Center for Complementary and Integrative Health probiotics are live micro-organisms. The US Food and Drug Administration has not approved any health claims for probiotics. As such, the request for probiotics would not be supported. In addition, the request does not include a specific frequency. As such, the request is not medically necessary.

Sentra PM #60 x 3 bottles: 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) <http://www.odg-twc.com/odgtwclist.htm>.

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

Decision rationale: The Official Disability Guidelines do not recommend Sentra PM. There is no documented food or nutritional deficiency in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Appformin-D Co-Packs #3: 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/pubmedhealth/PMH0000974>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Metformin (Glucophage).

Decision rationale: The Official Disability Guidelines state metformin is recommended as a first line option for treatment in type 2 diabetes to decrease insulin resistance. While it is noted that the injured worker does maintain a diagnosis of diabetes mellitus, there is no evidence to support a combination medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Labs: GI Profile: 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 California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, screening tests are an important part of preventative healthcare. Tests can be used for early detection of more common and potentially deadly diseases. In this case, there was no documentation of a significant abnormality to support the necessity for the requested testing. In addition, the specific type of laboratory tests included in the GI profile was not listed. Given the above, the request is not medically necessary.

Labs: DM Profile: 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 California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, screening tests are an important part of preventative healthcare. The goal of diabetes testing is to screen for high blood glucose levels, to detect and diagnosis diabetes and prediabetes, to monitor and control glucose levels over time and to detect and monitor complications. In this case, there is no documentation of a significant abnormality or any type of complication. The request as submitted also failed to indicate the specific type of tests included in the DM profile. Given the above, the request is not medically necessary.

GI Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it is noted that the injured worker maintains a diagnosis of H. pylori. However, the primary treating physician indicated that the injured worker's symptoms had improved to include constipation and diarrhea. The injured worker denied any acid reflux. There is no documentation of an acute exacerbation of symptoms. The medical necessity for a GI consultation has not been established at this time. Therefore, the request is not medically necessary.

Ophthalmology Consult: 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 Index, Surrect edition (web), Office visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is documentation of a recent eye examination. The medical necessity for the requested ophthalmology consultation has not been established in this case. As such, the request is not medically necessary.