

Case Number:	CM15-0039560		
Date Assigned:	04/09/2015	Date of Injury:	04/12/2007
Decision Date:	06/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male who sustained an industrial injury on 4/12/07. The mechanism of injury is unclear. There are no current complaints in the documents reviewed. Medications are Prilosec, Lovaza, Probiotics, aspirin. Diagnoses include abdominal pain; gastroesophageal reflux disease, secondary to non-steroidal anti-inflammatories; generalized gastritis; gastropathy, secondary to non-steroidal anti-inflammatories; hypertension, triggered by work related injury; sleep disorder; status post left shoulder replacement. No treatments or diagnostics are available for review. Following the progress note dated 1/8/15 the treating provider has requested Probiotics, test strips, lancets, alcohol wipes and Lovaza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: This 59 year old male has complained of shoulder pain and abdominal pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications. The current request is for probiotics. Per the ACOEM guidelines cited above, probiotics are not indicated for the treatment of shoulder pain. Additionally, the available medical records do not contain provider rationale for the use of probiotics. On the basis of the available medical records and per the ACOEM guidelines cited above, probiotics are not medically necessary.

Test strips, lancets and alcohol swabs one month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference 67th ed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 59 year old male has complained of shoulder pain and abdominal pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications. The current request is for test strips, lancets and alcohol swabs one month supply. The available medical records do not contain a listed diagnosis of diabetes mellitus nor is there evidence in the medical records supporting the presence of this diagnosis. On the basis of the available medical records and per the guidelines cited above, test strips, lancets and alcohol swabs one month supply is not medically necessary.

Lovaza 4 grams daily with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference 67th ed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 59 year old male has complained of shoulder pain and abdominal pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications. The current request is for Lovaza. Lovaza is a medication indicated for the treatment of hyperlipidemia after demonstrated failure of dietary interventions. The available medical records do not document dietary interventions or the failure of dietary interventions in this patient. On the basis of the available medical records and per the guidelines cited above, Lovaza is not medically necessary.