

Case Number:	CM15-0066636		
Date Assigned:	04/14/2015	Date of Injury:	02/11/2010
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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, District of Columbia, Maryland
 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 was a 67 year old female, who sustained an industrial injury, February 11, 2010. The injury was sustained when the injured worker slipped and fell on a wet hallway. At first the injured worker had pain in the right hip and on the following day had pelvic pain associated with difficulty with walking. The injured worker also had neck pain. The injured worker had a second fall after the injured worker caught the toe of the shoe on a metal bracket under a door. The injured worker fell on the right side hurting the left hand trying to break the fall. The injured worker received the following treatments in the past Prilosec, Probiotics, bilateral carotid ultrasound, 2D echocardiogram, random toxicology laboratory studies, laboratory studies, EKG (Electrocardiography), physical therapy, injections, ultrasound of the abdomen, lumbar epidural injections, Zoloft, Lisinopril, Metformin and muscle relaxant. The injured worker was diagnosed with abdominal pain, gastritis, hiatal hernia, Barrett's esophagus, hypertension with left ventricular hypertrophy, depression, anxiety and obstructive sleep apnea. According to progress note of January 14, 2015, the injured workers chief complaint was acid reflux. The injured worker had improvement in visual disturbance. The injured worker was having increased depression and anxiety. The physical exam noted the abdomen to be soft, non-tender and non-distended. There was normal and active bowel sounds with abdominal obesity. The treatment plan included prescriptions for Prilosec and Probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per progress report dated 9/23/14, the injured worker reported abdominal pain, acid reflux, nausea, vomiting, and diarrhea. She was diagnosed with Barrett's esophagus per endoscopy. I respectfully disagree with the UR physician's recommendation of an initial preventive treatment for 30 days and subsequent determination of medical necessity. The request is medically necessary. It should be noted that the UR physician has certified a modification of the request for #30.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Medical Foods <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023364/>.

Decision rationale: Per the US National Library of Medicine: A live microorganism used as a dietary supplement to help with digestion and normal bowel function. It may also help keep the

gastrointestinal (GI) tract healthy. Per the ODG guidelines: The FDA defines a medical food as "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Probiotics are not listed under medical food in the Official Disability Guidelines; therefore, its use is not supported. The request is not medically necessary.