

Case Number:	CM15-0077531		
Date Assigned:	04/29/2015	Date of Injury:	11/11/2011
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 3/1/2007. She reported pain in the neck, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, and low back with radiation into the legs. The injured worker was diagnosed as having abdominal pain and acid reflux secondary to NSAIDs. Treatment to date has included medications and urine toxicology screening. The request is for Probiotics, Amitiza, and urine toxicology screening. On 3/25/2015, she complained of abdominal pain and acid reflux which she indicates are controlled with medications. The treatment plan included: gastrointestinal consultation, ophthalmology consultation, Gaviscon, Simethicone, Probiotics, Prilosec, Aspirin, and Hypertensa.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lab Test: Urine Toxicology Screen: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screening Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary as it is not clear that the patient is taking medications concerning for misuse (opioids).

Amitiza 8 MCG #60 with 2 Refills: 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) Pain chapter, lubiprostone section.

Decision rationale: The MTUS does not address use of Amitiza (lubiprostone), and therefore the ODG provides the preferred mechanism for assessing clinical necessity of the request in this case. The ODG states that Amitiza is a second-line choice recommendation for constipation secondary to opioids. In this case the patient has not clearly failed first line-treatment for constipation, and there is no clear evidence that the patient is currently taking opioids. Therefore the request is not considered medically necessary at this time.

Probiotics #60 with 2 Refills: Overturned

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 PLoS One. 2012; 7(4): e34938. Published online 2012 Apr 18. doi: 10.1371/journal.pone.0034938PMCID: PMC3329544A Meta-Analysis of Probiotic Efficacy for Gastrointestinal Diseases Marina L. Ritchie and Tamara N. Romanuk.

Decision rationale: The CA MTUS does not address the use of probiotics, and so the evidence-based literature provides the preferred mechanism for addressing the medical necessity of the request. In a recent meta-analysis considering efficacy of probiotics, probiotics were found generally useful in the prevention of gastrointestinal disease. *Helicobacter pylori* was found to be impacted positively by probiotic use. Given the concerns for GERD in this patient, and the potential to improve outcomes with use of probiotics with low risk of side effects, the request is clinically reasonable and therefore is considered medically appropriate.