

Case Number:	CM15-0077924		
Date Assigned:	04/29/2015	Date of Injury:	07/20/2009
Decision Date:	06/25/2015	UR Denial Date:	03/27/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 63 year old female who sustained an industrial injury on 07/20/2009. The injured worker was diagnosed with right knee patellofemoral degenerative changes. The injured worker reports a history of hypertension and gastrointestinal disorders. Treatment to date includes diagnostic including radiology and laboratory tests, surgery, consultations, physical therapy with pool therapy, sleep studies and medications. The injured worker is status post right meniscectomy in November 2009 and right partial knee replacement in February 2011, revision of right knee arthroplasty with patellar fracture in December 2012 and gastrointestinal procedures and colonoscopy for abdominal pain, acid reflux and bowel problems. According to the submitted medical legal review dated March 18, 2015, medical laboratory results and cardiorespiratory testing were discussed. A report dated September 11, 2014 noted no significant changes on physical examination and deferred specific diagnoses to appropriate specialists. Abdominal examination at this time was soft with normoactive bowel sounds and noted abdominal symptoms secondary to stress/rule out irritable bowel syndrome. Current medications are listed as Amitiza, Gaviscon, Citrucel, Colace, Sentra AM, Sentra PM and Probiotics. Treatment plan consists of dietary recommendations, medications and the current request for Hypertensa, Gaviscon, Sentra AM, Sentra PM and Probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Gaviscon is an antacid combination of aluminum, calcium, and magnesium. The therapeutic indications include the management of gastro-esophageal reflux (GERD), esophagitis, and symptoms of a hiatal hernia. There is no documentation that the patient has any history of the above conditions. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Probiotics quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Probiotics are microorganisms that are believed to provide health benefits when consumed. Studies on the medical benefits of probiotics have yet to reveal a cause-effect relationship, and their medical effectiveness has yet to be conclusively proven for most of the studies conducted to date. There are no specific indications for probiotics. Medical necessity for the requested item has not been established. Probiotics are not medically necessary.

Hypertensa quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Hypertensa is a prescription Medical Food formulated to provide specific dietary management of blood pressure. Hypertensa promotes nitric oxide production in the blood vessels. The documentation indicates the patient has a diagnosis of hypertension. There is no indication for the treatment of hypertension with a medical food. Medical necessity for this item has not been established. The requested item is not medically necessary.

Sentra AM quantity 60, three bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra product information.

Decision rationale: Sentra AM is a Medical Food that is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and cognitive impairment involving arousal, alertness and memory. There is no support for the use of medical food in the treatment of chronic pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item has not been established. The requested medical food is not medically necessary.

Sentra PM quantity 60, three bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra product information.

Decision rationale: Sentra PM is a Medical food that is intended for use in the management of sleep disorders associated with depression. It is a proprietary blend of choline bitartate, glutamate, and 5-hydroxytryptophan. There is no support for the use of medical food in the treatment of chronic pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item has not been established. The requested medical food is not medically necessary.