

Case Number:	CM13-0015411		
Date Assigned:	10/08/2013	Date of Injury:	07/26/2004
Decision Date:	02/24/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in : Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female who reported an injury on 07/26/2004. The injury was noted to have occurred when she was propelling a rolling chair that she was seated in and was flipped out of the chair when a wheel got stuck. Her diagnoses include lumbago, thoracic/lumbosacral neuritis or radiculitis, and lumbosacral spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 8.6mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: : According to the California MTUS Guidelines, prophylactic treatment of constipation should be initiated with the use of opioids. The patient's medications are noted to include Suboxone. Therefore, the use of Senokot for the prophylactic treatment of constipation is supported by guidelines. As such, the request is certified.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications with symptoms of dyspepsia or risk factors for gastrointestinal events. The documentation provided for review indicates that the patient is taking ibuprofen and NSAID medication; however, there is no clear documentation of symptoms of dyspepsia or risk factors for gastrointestinal events to support the use of a proton pump inhibitor at this time. Therefore, the request is non-certified.