

Case Number:	CM13-0019610		
Date Assigned:	10/11/2013	Date of Injury:	08/20/2009
Decision Date:	05/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 represented [REDACTED] employee who has filed a claim for chronic pain syndrome, irritable bowel syndrome, anxiety, and depression reportedly associated with an industrial injury of August 20, 2009. Thus far, the patient has been treated with the following: Anxiolytic medications; a stool softener; attorney representation; and apparent return to some form of work. In a questionnaire dated December 13, 2013, the patient stated that he was working and seemingly using Bentyl for ongoing complaints of stomach discomfort, diarrhea, and cramping. A February 4, 2014, progress note is notable for comments that the patient reported a flare in irritable bowel syndrome. The patient was having severe vomiting and was apparently using antiemetics for the same. He is using Bentyl four times a day which had previously been quite effective until the most recent weekend. The patient was asked to return to work the following day. He was asked to use antiemetics as needed and continue Bentyl, prochlorperazine, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DICYLCLOMINE 20MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCKAY SL, FRAVEL M, SCANLON C, MANAGEMENT OF CONSTIPATION, IOWA CITY (IA): UNIVERSITY OF IOWA

GERONTOLOGICAL NURSING INTERVENTIONS RESEARCH CENTER, RESEARCH TRANSLATION AND DISSEMINATION CORE; 2009 OCT. 51 P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS' DRUG REFERENCE, DICYCLOMINE MEDICATION GUIDE.

Decision rationale: The MTUS does not address the topic of dicyclomine. As noted in the Physicians' Drug Reference (PDR), dicyclomine or Bentyl is indicated in the treatment of irritable bowel syndrome, the issue and diagnosis seemingly present here. In this case, the patient does apparently carry diagnosis of irritable bowel syndrome. The attending provider has posited that dicyclomine or Bentyl has been effective in combating the same. The patient has seemingly demonstrated some treatment efficacy by returning to work. The request for Dicyclomine 20 mg is medically necessary and appropriate.

1 PRESCRIPTION OF COMPAZINE SUPPOSITORIES 25MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL COLLABORATING CENTRE FOR NURSING AND SUPPORTIVE CARE. IRRITABLE BOWEL SYNDROME IN ADULTS. DIAGNOSIS AND MANAGEMENT OF IRRITABLE BOWEL SYNDROME IN PRIMARY CARE. LONDON (UK): NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE); 2008 FEB. 27 P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION (FDA), COMPAZINE MEDICATION GUIDE.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), prochlorperazine or Compazine suppositories are indicated to control severe nausea and vomiting. In this case, the patient is described as having intermittent episodes of severe nausea and vomiting, apparently a function of flares of irritable bowel syndrome. Intermittent usage of Compazine suppositories to combat the same is indicated and appropriate. The request for Compazine suppositories, 25 mg, is medically necessary and appropriate.

1 PRESCRIPTION OF XANAX 0.25 TO 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAEPINES. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that anxiolytics such as Xanax can be employed briefly, for cases

of overwhelming mental health symptoms, so as to allow an individual attain to recoup emotional and psychological resources, in this case, however, the attending provider sought authorization for thirty tablets of alprazolam or Xanax on October 22, 2013, implying that Xanax is being employed for chronic or long-term use purposes. This is not an approved indication for Xanax, according to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines. In this case, furthermore, the attending provider has not furnished any patient-specific rationale, narrative, or commentary so as to offset the unfavorable ACOEM Guideline recommendation. The request for Xanax 0.25 to 0.5 mg is not medically necessary or appropriate.

1 PRESCRIPTION OF COLACE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCKAY SL, FRAVEL M, SCANLON C, MANAGEMENT OF CONSTIPATION, IOWA CITY (IA): UNIVERSITY OF IOWA GERONTOLOGICAL NURSING INTERVENTIONS RESEARCH CENTER, RESEARCH TRANSLATION AND DISSEMINATION CORE; 2009 OCT. 51 P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS' DRUG REFERENCE (PDR), COLACE MEDICATION GUIDE.

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Colace is indicated in the treatment of constipation and/or irregularity. In this case, the patient is having issues with irregularity and constipation, apparently a function of underlying irritable bowel syndrome. Provision of Colace, a stool softener, to combat the same is indicated and appropriate. The request for Colace is medically necessary and appropriate.