

Case Number:	CM13-0021837		
Date Assigned:	11/13/2013	Date of Injury:	01/29/2009
Decision Date:	07/11/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, and is licensed to practice in Washington, DC, and Virginia. 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:

This is a 54-year-old who sustained injury on January 29, 2009 after he tripped on a dock plate and developed pain in his left knee; he subsequently developed a deep vein thrombus in the left leg. Later, he developed lower back pain, about six months after his initial injury. He had an MRI of left knee on February 9, 2009 which showed a tear of the medial meniscus. He underwent a meniscectomy on February 8, 2011. He was diagnosed with a medial meniscus tear and lower back strain. [REDACTED] saw the patient on August 31, 2012 and January 30, 2013 for issues with GI reflux. He was prescribed prilosec, ranitidine and simethicone. He was told to avoid NSAIDs (non-steroidal anti-inflammatory drugs). In December 20, 2012, [REDACTED] saw the patient and noted the patient was also having issues with diarrhea and recommended changes to the patient's diet and Moviprep. He saw the patient again in February 28, 2013 and instructed the patient to take omeprazole. [REDACTED] performed an endoscopy and colonoscopy on January 30, 2013 and found benign gastric polyps. He recommended antisecretory therapy. In a visit on July 5, 2013, [REDACTED] recommended prilosec, ranitidine, colace and simethicone.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100 MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/chronic-diarrhea-in-adults-beyond-the-basics> and <http://www.aafp.org/afp/2011/1115/p1119.html>.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Initiating Therapy(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated. This patient had documentation of diarrhea. There is no documentation supporting a symptom of constipation which is the intended usage of Colace. It would not be indicated in this patient. The request for Colace 100 mg, thirty count, is not medically necessary or appropriate.

SIMETHICONE 80MG #60 BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article Effect of Simethicone on Lactulose-Induced H₂ Production and Gastrointestinal Symptoms, by Friis H, Bode S, Rumessen JJ, Gudmand-Hoyer E; Digestion.1991;49:227-230. [PubMed] (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681432/>).

Decision rationale: The MTUS and ACOEM do not specifically address simethicone. Simethicone, an antisurfactant is frequently used by patients, but there appears to be little objective evidence of benefit over placebo. This is not clinically supported by the medical evidence cited. The request for Simethicone 80mg, sixty count, is not medically necessary or appropriate.