

<b>Case Number:</b>	CM13-0024601		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Family Practice and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 12/01/2004 due to cumulative trauma while performing normal job duties. The patient reportedly injured her right ankle, left arm, left shoulder and low back. The patient was conservatively treated with physical therapy and activity modifications. The patient's reported injury ultimately resulted in left ankle surgery in 2005 followed postoperatively with physical therapy and medication management for the patient's chronic pain. The patient also received psychiatric report. The patient developed abdominal pain, nausea, and constipation with symptoms persisting for approximately 3 years. The patient's most recent clinical exam findings included positive bowel sounds in all 4 quadrants and +1 epigastric tenderness to palpation. The patient's diagnoses included gastroesophageal reflux disease secondary to nonsteroidal anti-inflammatory drug use, obesity, and constipation with a history of hemorrhoids. The patient's treatment plan included continued evaluation of the patient's hemoglobin A1C to rule out diabetes mellitus, an ultrasound of the abdomen and upper GI series, discontinuation of nonsteroidal anti-inflammatory drugs, and medications to control the patient's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/miralax-drug/indications-dosage.htm>

**Decision rationale:** The requested MiraLax is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had occasional constipation for approximately 3 years. An online resource, The RX List, The Internet Drug Index, states that MiraLax is "for the treatment of occasional constipation. This product should be used for 7 days or less as directed by a physician." Although the clinical documentation submitted for review does provide evidence of necessity for this type of medication, the request as it is written does not clearly identify duration of treatment. As the use of this product should be limited to 7 days, the need for the requested medication cannot be established. The request as it is written does not provide for timely reassessment to support the efficacy of ongoing treatment with this medication. As such, the requested MiraLax is not medically necessary or appropriate.

**Gaviscon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCONSULT.COM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/script/main/art.asp?articlekey=95545>

**Decision rationale:** The requested Gaviscon is not medically necessary or appropriate. An online resource, Rxlist.com, states that Gaviscon is an antacid. It is stated "antacids reduce acidity by neutralizing (counteracting) acid, reducing the acidity in the stomach, and reducing the amount of acid that is refluxed into the esophagus or emptied into the duodenum." The clinical documentation submitted for review does provide evidence that the patient has symptoms related to gastroesophageal reflux disease that would benefit from an antacid. However, the request as it is written does not provide duration of treatment. This does not allow for timely reassessment and re-evaluation to establish the efficacy of this medication to support continued use. As such, the requested Gaviscon is not medically necessary or appropriate.

**Gastroenterology Consultation:** 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), Pain Procedure Summary last updated 06/07/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 163.

**Decision rationale:** The requested GI consult is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient was evaluated for gastrointestinal disturbances. The [REDACTED] recommend additional expertise when a patient has a complicated or a complex diagnosis. Although the patient's diagnosis may benefit from additional expertise that would be provided during a GI consult, the request as it is written does not provide a duration or frequency. There was no way to establish an ongoing need for gastrointestinal consultation. Therefore, the requested GI consult is not medically necessary or appropriate.

**Weight loss and dietary recommendations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Disability Advisor by Presley Reed, MD.Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle Changes.

**Decision rationale:** The requested weight loss and dietary recommendations are not medically necessary or appropriated. The clinical documentation submitted for review does provide evidence that the patient would benefit from weight loss and dietary management. However, the clinical documentation does not provide any evidence of a failed attempt of the patient to self-manage nutritional changes and participation in an exercise program to support weight loss. As such, the requested weight loss and dietary recommendations are not medically necessary and appropriate.

**Reevaluation with Alon Englanoff, MD:** 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),TWC Pain Procedure Summary last updated 06/07/2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Office Visits.

**Decision rationale:** The requested re-evaluation with [REDACTED] is not medically necessary or appropriate. Official Disability Guidelines recommend the evaluation and management of patients that require ongoing treatment. The clinical documentation submitted for review does provide evidence that the patient does have testing that would require further evaluation by a physician. However, the request as it is written does not clearly identify a duration and frequency. There is no way to determine the need for ongoing treatment with the requested doctor. As such, the requested re-evaluation with [REDACTED] is not medically necessary or appropriate.