MAXIMUS Federal Services

Case Number:	CM13-0043983		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2004
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Medicine 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 44-year-old male who reported an injury on 02/24/2004 due to a fall of approximately 6 to 8 feet that ultimately resulted in cervical fusion from the C3-4 through the C6-7 levels. The patient's treatment history also included physical therapy, medications, and epidural steroid injections. The patient's medication scheduled included OxyContin 40 mg 3 times a day, Vicodin extended release 7.5/500 mg 6 tablets per day, Norco 10/325 mg 2 to 6 tablets per day, Valium 10 mg 1 to 2 every day, Prilosec 20 mg 3 times a day, and Restoril 30 mg. The patient's diagnoses included cervical postlaminectomy syndrome, lumbar spine myoligamentous injury, refractory depression/anxiety, and medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyoscyamine 0.125mg twice a day as needed for abdominal cramping, no quantity: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.rxlist.com/levsin-drug/indications-dosage.htm.

Decision rationale: The requested Hyoscyamine 0.125 mg twice a day as needed for abdominal cramping is not medically necessary or appropriate. The clinical documentation submitted for review did not provide an adequate assessment of the patient's gastrointestinal system to support that the patient has abdominal cramping. Additionally, this medication is also used as a gastrointestinal protectant. California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does provide evidence that the patient is on a gastrointestinal protectant. The adequacy of that medication is not determined in the documentation to support the addition of another gastrointestinal protectant. Therefore, the requested Hyoscyamine 0.125 mg twice a day as needed for abdominal cramping is not medically necessary or appropriate.

MiraLax, once a day as needed for constipation, no quantity.:

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, Initiating Therapy. Page(s): 77..

Decision rationale: The requested MiraLax once a day as needed for constipation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously been prescribed this medication. California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation when the patient's being managed by opioid therapy. However, the efficacy of prior medication usage of MiraLax was not addressed. Therefore, continued use is not indicated. As such, the requested MiraLax once a day as needed for constipation, no quantity, is not medically necessary or appropriate.