

Case Number:	CM13-0061306		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2010
Decision Date:	04/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for abdominal pain, heartburn, headaches, gastrointestinal discomfort, and sexual dysfunction reportedly associated with an industrial injury of October 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of November 20, 2013, the claims administrator denied a request for Amitiza and Dexilant, citing non-MTUS ODG Guidelines, although the MTUS does obliquely address the topic in hand. On November 19, 2013 record review made by the primary treating provider is notable for comments that the applicant is off of work, on total temporary disability. An earlier note of October 4, 2013 is notable for comments that the applicant has sleep disturbance, low back pain, bilateral leg pain, and psychological stress. The applicant is no longer working at [REDACTED] as a personal trainer. The applicant is having alternating constipation and diarrhea, it is further noted. The applicant reports having developed hemorrhoids as a result of the same. The applicant, in the review of system section of the report, reports acid reflux, abdominal pain, nausea, and alternating diarrhea and constipation. The applicant is presently on Prozac, Ambien, Norco, Soma, Zantac, Tylenol, aspirin, Advil, and tramadol containing creams. Several medications are renewed while the applicant is placed off of work, on total temporary disability. An earlier note of August 22, 2013 was notable for comments that the applicant was earlier using Zantac for heartburn/reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT 60 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia. In the case, the applicant is suffering from ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. The applicant is apparently using over-the-counter NSAIDs such as Motrin and aspirin. Using Dexilant to combat the same is indicated, appropriate, and consistent with page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines do not endorse any one form of proton pump inhibitor over another. Furthermore, contrary to what was suggested by the claims administrator, the applicant has seemingly tried monotherapy with an H2 antagonist, Zantac. This was apparently insufficient to control the applicant's symptoms of reflux. Addition of Dexilant is therefore indicated and appropriate. Accordingly, the request is certified, on Independent Medical Review.

AMITIZA 24 MCG: Overturned

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

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

Decision rationale: Amitiza is a laxative and is apparently employed in the treatment of chronic constipation. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation in those applicants who are using opioids is recommended. In this case, the applicant is using an opioid analgesic, Norco, which may be contributing to the applicant's ongoing symptoms of constipation. The applicant has apparently developed hemorrhoids as a result of ongoing constipation issues. Usage of Amitiza, a laxative, is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified. Contrary to what was suggested by the claims administrator, the MTUS does obliquely address the topic of introduction of laxative for opioid-induced constipation. The MTUS does not, however, endorse any one particular laxative over another. The differing decision, thus, results, in part, from selection of different guidelines.