

Case Number:	CM13-0072580		
Date Assigned:	01/08/2014	Date of Injury:	08/14/2004
Decision Date:	04/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 47 year old man who sustained an injury on Aug 14 2004. He suffered from chronic pain thereafter, mostly to his lower back and right knee. He underwent a right knee arthroscopy on Mar 13 2006. On July 10 2006, the patient saw [REDACTED] for pain consultation purposes. On July 24 2006, the patient had steroid injection to the right knee. [REDACTED] saw the patient on Aug 14 2006 for lower back pain and bilateral lower extremity radiculopathy. The patient had MRI of lumbar spine on Dec 6 2006 which showed disc bulge flattening. [REDACTED] saw the patient for abdominal pain, as there was concern for gastritis secondary to NSAID usage. [REDACTED] saw the patient on Dec 18 2006 for tinnitus. [REDACTED] saw the patient on Jan 8 2007 a spine surgery consultation. It was determined that surgery was not a viable option for this patient. [REDACTED] saw the patient on Sept 21 2012 and Oct 26 2012 for constipation and abdominal pain and he was prescribed the following medications: Prilosec 20mg daily, ranitidine 150mg daily, gaviscon on tbsp. 3 times daily, Lovaza 4 g daily, probiotics 1 tab bid, anusol cream, Citrucel 1-2 tablets three times daily. [REDACTED] saw the patient on Dec 27 2012 for worsening lower back pain with radiation to the bilateral lower extremities. [REDACTED] saw the patient on Jan 18 2013 for worsening gastro esophageal reflux and abdominal pain. He was given: Prilosec, gemfibrozil, Lovaza, Amitiza 24 mg bid, probiotics, bentlyl, anusol. On Jan 31 2013, the patient was seen by [REDACTED] for worsening lower back pain with radiation to the right knee. He was prescribed Medrox, Relafen 750 mg bid, omeprazole 20mg bid. [REDACTED] saw the patient on Apr 3 2013 for epigastria pain and had a colonoscopy which showed one polyp. [REDACTED] saw the patient on Apr 9 2013 for follow up. [REDACTED] saw the patient on Jul 16 2013. He was prescribed Simethicone, aciphex, gemfibrozil, Lovaza, Amitiza 24 mg bid, probiotics, anusol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Simethicone 80mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 Apr 20. 20 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1884360/>

Decision rationale: This patient had abdominal complaints which did include constipation. There was concern that the patient may have IBS. He was given Simethicone for treatment. There are no MTUS guidelines to address this medication. Outside resources had to be consulted, as a result. There have been no formal trials to assess Simethicone for treatment of constipation or IBS. Therefore, this was not medically indicated.

Lovaza 4mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guideline on the management of lipids as a cardiovascular risk factor. Victoria-Gasteiz: Basque Health System-Osakidetza; 2008. 215 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683599/>
<http://www.ncbi.nlm.nih.gov/pubmed/23110706>
<http://www.ncbi.nlm.nih.gov/pubmed/23918873>

Decision rationale: Lovaza is an omega-3-fatty acid. There are no specific MTUS guidelines to address its usage, however many clinical trials have shown its beneficial uses for cardiovascular protection in patients with hyperlipidemia, as in the case of this patient. Therefore, it is medically indicated.