

Case Number:	CM14-0004935		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2011
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 33 year old female who reported an injury of unknown mechanism on 02/28/2011. In the clinical note dated 11/05/2013, it was documented that the injured worker was seen for gastrointestinal issues and pain management as well as sleep disturbance. It was annotated that the injured worker stated she developed gastrointestinal issues in 2012 which included abdominal pain, acid reflux, and nausea, and constipation, bright red blood per rectum, along with burning and weight gain secondary to daily prescribed medication use. The injured worker's prescribed medication regimen included Vicodin, tizanidine, nabumetone, and omeprazole. The physical examination revealed tenderness over the cervical and lumbosacral spine with decreased range of motion. The diagnoses included abdominal pain, weight gain (unsubstantiated), sleep disorder, shortness of breath, likely secondary to anxiety, orthopedic diagnosis, and psychiatric diagnosis. The treatment recommendations included gastrointestinal profile, urine toxicology screen, electrocardiogram, abdominal ultrasound, and prescribed medications of Dexilant, Gaviscon, Amitza, and dispensed medications such as Sentra PM and Theramine. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BOTTLE OF GAVISCON ONE TABLESPOON, THREE TIMES A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Package Insert For Gaviscon.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://fdb.rxlist.com/drugs/mono-5123-luminum%2fmagnesium+antacid+-+oral.aspx?drugid=18801&drugname=gaviscon+oral>.

Decision rationale: Gaviscon is used to treat the symptoms of too much stomach acid such as stomach upset, heartburn, and acid indigestion. Aluminum and magnesium antacids work quickly to lower the acid in the stomach. Gaviscon works only on existing acid in the stomach. It does not prevent acid production. It may be used alone or with other medications that lower acid production. It was not documented within the clinical notes whether omeprazole was ineffective and needed to be coupled with an additional medication. Therefore, the request for Gaviscon one tablespoon, 3 times a day is not medically necessary.

DEXILANT 60 MG QUANTITY 30 TABLETS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Package Insert For Dexilant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS guidelines state that Dexilant is recommended if the injured worker is greater than 65 years of age, has a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or using high dose/multiple NSAIDs. Within the clinical notes provided for review, it was noted the injured worker was already prescribed a proton-pump inhibitor. It is unclear why a second proton-pump inhibitor would be needed. Furthermore, it was not documented within the clinical notes whether omeprazole was ineffective and needed to be coupled with an additional medication. Therefore, the request for Dexilant 60mg is not medically necessary.

AMITIZA 24 MCG QUANTITY 60 TABLETS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Package Insert For Amitiza.

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

Decision rationale: The California MTUS guidelines state that it recommends amitiza for the prophylactic treatment of constipation. Within the clinical note it was documented that the injured worker complained of constipation as a side effect of prescribed medication, Vicodin. Therefore, the request for amitiza 24mcg is medically necessary.