

Case Number:	CM14-0006755		
Date Assigned:	04/07/2014	Date of Injury:	08/14/2008
Decision Date:	05/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/17/2014

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 and 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 51-year-old male who reported an injury on 08/14/2008; the mechanism of injury was repetitive movement. The clinical note dated 11/13/2013 indicated the injured worker complained of pain with pins and needles sensations to the mid and lower back that radiated to the lower extremities, extending to his knees. The injured worker rated his severity of pain on a scale of 0 to 10 as a 6/10 to 7/10. The injured worker complained of aching pain and stiffness in his bilateral knees. The injured worker rated the severity of the knee pain at an 8/10 and 9/10. The clinical note from 11/13/2013 listed medications as naproxen 550 mg, tizanidine 4 mg, tramadol extended release 150 mg, Cartivisc 500/200/150 mg and hydrocodone/APAP 10/325 mg. The clinical note dated 12/09/2013 indicated the injured worker was seen for internal complaints. The chief complaint was gastrointestinal, weight gain and sleep disturbance. The injured worker complained that he was having abdominal pain with associated nausea, acid reflux and constipation in early 2009. The clinical note stated that the injured worker at an unrecalled time in 2012, experienced severe heartburn which lasted for approximately 3 weeks. The clinical note for 12/09/2013 indicated the physical exam noted abdominal tenderness. The examination revealed tenderness to palpation over the thoracic and lumbosacral areas with decreased range of motion per the documentation. The diagnoses were as listed: abdominal pain; acid reflux secondary to NSAIDs; constipation secondary to narcotics; weight gain, unsubstantiated at this time; sleep disorder; orthopedic diagnoses; and psychiatric diagnoses. The injured worker reported a sleep disturbance of waking 3 to 5 times a night with complaints of gasping for air. The documentation provided for review did not include a request for authorization for medical treatment for the medications listed in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

GAVILAX 510MG, 30 DAY SUPPLY: Upheld

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

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

Decision rationale: The request for GaviLAX 510 mg with 30 days supply is non-certified. CA MTUS states prophylactic treatment of constipation should be initiated with initiating Opioid Therapy. The documentation provided referred back to the constipation related to the use of narcotics, but the documentation did not include how often the bowel movements were or the consistency of the bowel movements. The documentation also failed to provide the efficacy of the medication and the request was submitted failed to indicate the frequency of the medication. Therefore, the request is non-certified.

FLORANEX 60MG, 30 DAY SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Floranex 60 mg with a 30 day supply is non-certified. Drugs.com states that Lactobacillus acidophilus has been used to treat and prevent vaginal yeast infections, yeast infections of the mouth, diarrhea caused by taking antibiotics and urinary tract infections. Lactobacillus acidophilus may work by helping the body maintain a normal consistency of bacteria in the stomach, intestines and vagina. Drugs.com states that Lactobacillus acidophilus has not been approved by the FDA to treat any disease and should not be substituted for prescription medications. Lactobacillus acidophilus has not been evaluated by the FDA for safety, effectiveness or purity. All potential risks and/or advantages of Lactobacillus acidophilus may not be known. The documentation provided for review notes that the injured worker complained of constipation. The documentation provided for review did not note any complaints, subjectively or objectively, of yeast infections of the mouth or diarrhea. Therefore, the request for the Lactobacillus acidophilus does not meet the criteria needed. Therefore, the request is non-certified.