

Case Number:	CM14-0010353		
Date Assigned:	03/07/2014	Date of Injury:	01/01/2013
Decision Date:	07/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/24/2014

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 Internal 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 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 31-year-old female who reported an injury on 01/01/2013 due to cumulative injuries. Within the clinical note dated 01/13/2014, it was noted that the injured worker complained of continuing abdominal/pelvic pain rated at a 6/10 that was greater on the left than the right and reported that constipation was asymptomatic with the current regimen. The physical exam revealed 1+ tenderness to palpation over the right and left lower quadrants of the abdomen, with the left greater than the right, including no guarding or hepatosplenomegaly. The diagnoses include abdominal pain and constipation for the injured worker. The medications included Prilosec 20 mg daily, Citrucel 1 to 2 tablets 3 times a day as needed, MiraLAX 17 gm with 8 oz of water daily as needed and Colace 100 mg twice daily. The Request for Authorization submitted within the medical records was dated 01/13/2014 for the relief of constipation and gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The request for Prilosec 20 mg #30 is non-certified. The Official Disability Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines further state that studies suggest, however, that nearly 1/2 of all PPI prescriptions are used for unapproved indications or no indications at all. In general, the guidelines recommend that the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Within the submitted documentation, there is no justification for the use of the Prilosec, as evidenced by a health history that includes a risk for gastrointestinal events with prolonged usage and no documentation of extenuating circumstances or documentation of attempts to use the lowest possible dosage. Without documentation to establish the injured worker having extenuating circumstances that would warrant the utilization of Prilosec outside of the recommended guidelines and documented attempts to utilize the lowest dosage for the shortest period of time, the request cannot be supported by the guidelines at this time. As such, the request is non-certified.

CITRUCEL #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The request for Citrucel #120 is non-certified. The California MTUS Guidelines recommend during ongoing opioid usage that a review of the adverse effects could include constipation and should be assessed. Given that the California MTUS Guidelines do not specifically address the criteria and specific usage of the medication, further guidelines were sought. The Official Disability Guidelines state that when prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipation, and the first step should be identified to correct this. Additionally, the guidelines state that simple treatments would include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the injured worker to follow a proper diet rich in fiber. With the inclusion of these interventions, the guidelines state that this can reduce the chance and severity of opioid-induced constipation and constipation in general. There was no documentation provided that there was a discussion with the injured worker that included the interactions outlined by the guidelines. Without documentation of the failure of the first-line treatments that included increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the injured worker to follow a proper diet rich in fiber, the request cannot be supported at this time by the guidelines. As such, the request is non-certified.

MIRALAX 8OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77-78.

Decision rationale: The request for MiraLAX 8 oz is non-certified. The California MTUS Guidelines recommend during ongoing opioid usage that a review of the adverse effects could include constipation and should be assessed. Given that the California MTUS Guidelines do not specifically address the criteria and specific usage of the medication, further guidelines were sought. The Official Disability Guidelines state that when prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipation, and the first step should be identified to correct this. Additionally, the guidelines state that simple treatments would include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the injured worker to follow a proper diet rich in fiber. With the inclusion of these interventions, the guidelines state that this can reduce the chance and severity of opioid-induced constipation and constipation in general. There was no documentation provided that there was a discussion with the injured worker that included the interactions outlined by the guidelines. Without documentation of the failure of the first-line treatments that included increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the injured worker to follow a proper diet rich in fiber, the request cannot be supported at this time by the guidelines. As such, the request is non-certified.