

<b>Case Number:</b>	CM14-0014155		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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 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 69 year old patient had a date of injury on 10/1/2003. The mechanism of injury was not noted. On a physical exam dated 1/10/2014, the patient notes worsening constipation but improving diarrhea with medication. Her gastroesophageal reflex disease has been well controlled with medication. Her cervical spine pain and stiffness is rated at 5/10. Diagnostic impression shows cervical spine stenosis, cervical spine radiculopathy, and hypertensive arteriosclerotic neuropathy. Treatment to date includes medication therapy, and behavioral modification. A UR decision dated 1/31/2014 denied the request for Nexium 40mg, Citrucel, Colace 100mg, Simethicone 50mg, and probiotics, claiming that these request did not meet established standards of medical necessity based on the information presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEXIUM 40MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** MTUS Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. On a progress report dated 1/10/2014, the patient is noted to have gastroesophageal reflux disease, which is well controlled with her medication. Therefore, the request is medically necessary.

**CITRUCCL #120:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/citrucel.html>.

**Decision rationale:** Methylcellulose is a bulk-forming laxative. Methylcellulose absorbs liquid in the intestines and makes a bulky, softer stool which is easier to pass. Methylcellulose helps relieve constipation and to maintain regularity. In the reports viewed, the patient is documented to be on Colace 100mg, which is also used for constipation. In a progress report on 1/10/2014, the patient was suffering from constipation. However, no rationale was provided as to the necessity of Citrucel in addition to the Colace 100mg. Therefore, the request is not medically necessary.

**COLACE 100MG #30:** Overturned

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

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

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. MTUS Guidelines state that with opioid therapy, prophylactic treatment of constipation should be initiated. On a progress report dated 1/10/2014, the patient is noted to continually suffer from constipation that was caused by the continued use of opioids. Therefore, the request is medically necessary.

**SIMETHICONE 50MG #60:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/simethicone.html>.

**Decision rationale:** Simethicone allows gas bubbles in the stomach and intestines to come together more easily, which allows for easier passage of gas. Simethicone is used to relieve painful pressure caused by excess gas in the stomach and intestines. In the reports viewed, it was not clear if the patient was suffering from difficult passage of gas. Furthermore, no rationale was provided as to how the patient would benefit from Simethicone. Therefore, the request is not medically necessary.

**PROBLOTICS #60:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/probiotic-formula.html>.

**Decision rationale:** Probiotics (Bifidobacterium and lactobacillus) is used in people with irritable bowel syndrome, ulcerative colitis, or an ileal pouch. In the reports viewed, it is not clear if the patient is suffering from irritable bowel syndrome, ulcerative colitis, or an ileal pouch. Furthermore, there was no rationale provided as to why the patient needs probiotics. Therefore, the request is not medically necessary.