

Case Number:	CM14-0019309		
Date Assigned:	04/21/2014	Date of Injury:	01/19/2011
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 44-year-old who reported an injury on January 19, 2011, due twisting her back; and on October 25, 2012 from a motor vehicle accident. The clinical note dated January 24, 2014 presented the injured worker with constant slight to moderate low back pain that radiated down her buttocks and posterior left leg to her foot, numbness and tingling of her entire left leg, and limited range of motion of her low back. The injured worker's physical exam revealed that the injured worker had difficulty arising from a seated position, had ambulated with a left antalgic gait, had a guarded upright posture, a positive straight leg raise, slight quadriceps weakness on the left, and diminishes sensation of her lateral calf on the left. The clinical note dated January 13, 2014 presented the injured worker with gastrointestinal complaints of abdominal pain, acid reflux, and constipation; and sleep disturbances. The injured worker was diagnosed with abdominal pain, acid reflux secondary to NSAIDs (non-steroidal anti-inflammatory drugs); rule out ulcer/anatomical alteration, constipation secondary to narcotics, chest pain, and a sleep disorder. The provider recommended a referral to [REDACTED] for a GI (gastrointestinal) consultation, Prilosec 20MG, Miralax, and Colace. The request for authorization forms were included in the medical documents dated January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFERRAL TO [REDACTED] FOR A GI CONSULTATION: 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: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. It is unclear how a GI Consultation would aid in the providers determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. There was no clear rationale to support the consultation. The request for one referral to [REDACTED] for a GI consultation is not medically necessary or appropriate.

1 PRESCRIPTION FOR PRILOSEC 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The injured worker presented with gastrointestinal complaints of abdominal pain, acid reflux, and constipation. The injured worker would benefit from the continued use of Prilosec given her gastrointestinal symptoms. The request for one prescription for prilosec 20mg, thirty count, is medically necessary and appropriate.

1 PRESCRIPTION MIRALAX ONE BOTTLE: Upheld

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 OPIOIDS Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Miralax for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Miralax. However, the concurrent request for colace was certified. There would be no need for two medications for the same complaints at this time. The request for one prescription miralax, one bottle, is not medically necessary or appropriate.

1 PRESCRIPTION FOR COLACE 100MG #60: 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 OPIOIDS Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Colace for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Colace. The request for one prescription for colace 100mg, sixty count, is medically necessary and appropriate.