

Case Number:	CM14-0137483		
Date Assigned:	09/05/2014	Date of Injury:	04/08/2011
Decision Date:	11/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Washington, D.C. and Virginia. 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 is a 55 year old patient who sustained injury on Apr 8 2010. He sustained injury leading to bilateral knee pain and left knee arthroscopy on May 23 2014 and right total knee replacement in 2012. The patient had ongoing musculoskeletal complaints. The patient was seen by [REDACTED] on Jul 3 2014 and was prescribed: Gaviscon, Citrucel, Simethicone, Amitiza, Dexilant, and had other testing ordered. The patient had previously been on Trazodone which was discontinued secondary to significant side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ss9792.20-.26, Page(s): 88,89, 93, 94.

Decision rationale: As per MTUS guidelines, Urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective

state2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources (Wisconsin, 2004) (Michna, 2004) (Chabal, 1997) (Portenoy, 1997). Based on the clinical documentation provided, urine drug testing would not be indicated as patient was not taking a controlled substance which would warrant the monitoring, as indicated above with the cited guidelines. Therefore, the request of Urine drug screen is not medically necessary and appropriate.

Gaviscon with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD), Ann Arbor (MI): 2012 May. 12 p

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://fdb.rxlist.com/drugs/mono-5123-ALUMINUM%2FMAGNESIUM+ANTACID+-+ORAL.aspx?drugid=18801&drugname=Gaviscon+Oral>

Decision rationale: MTUS and ACOEM guidelines do not specifically address this medication so alternate guidelines were sought. This medication 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. Liquid antacids usually work faster/better than tablets or capsules. This medication 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 (e.g., H2 blockers such as cimetidine/ranitidine and proton pump inhibitors such as Omeprazole). From the clinical documentation provided, there was no medical indication for usage of Gaviscon. Therefore, the request of Gaviscon with 2 refills is not medically necessary and appropriate.