

<b>Case Number:</b>	CM14-0152678		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/05/2002
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with a cumulative date of injury of 07/05/2002 through 08/01/2008. The listed diagnoses per [REDACTED] are: 1.Gastroesophageal reflux disease secondary to NSAID. 2.Mild chronic gastritis. 3.Irritable bowel syndrome.4. Internal hemorrhoids.5. Hypertension. 6.Sleep disorder.7. Hyperlipidemia.8. Hypertriglyceridemia, deferred to medical doctor. According to progress report, 08/08/2014, the patient presents with continued complaints of increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. Patient also reports intermittent headaches and less frequent bright red blood per rectum. Examination revealed 1+ tenderness to palpation noted in the abdomen area. Examination of the extremities revealed tenderness in range of motion which was deferred to appropriate specialist. "No other significant finding on physical exam." The provider is requesting urine drug screen and refill of medications. Utilization review denied the request on 09/14/2014. Treatment reports from 05/16/2014 through 08/08/2014 were reviewed.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter for Urine Drug Testing

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting a urine drug screen. The medical file provides no prior urine drug screens. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Patient's medication regimen includes: Lisinopril, Prilosec, Gaviscon, Citrucel, MiraLAX, Colace, and Simethicone. In this case, due to the lack of documented Opioid use, the request UDS is not medically necessary.

**Lisinopril 20mg, #60 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting a refill of Lisinopril 20 mg #60 with 2 refills. Lisinopril is in a group of drugs called ACE inhibitors. ACE stands for angiotensin converting enzyme. Lisinopril is used to treat high blood pressure (hypertension), congestive heart failure, and to improve survival after a heart attack. MTUS guidelines page 8 require that the treating physician provide monitoring and make appropriate treatment recommendations. In this case, the patient has a diagnosis of hypertension and the treating physician recommends that the patient continue with Lisinopril. Treatment is medically necessary.

**Prilosec 20mg, #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting a refill of Prilosec 20 mg #60 with 2 refills. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. There is no indication that

the patient is currently taking NSAID, but it appears the patient has GI issues from prior NSAID use. The provider states that the patient has Gastroesophageal reflux disease secondary to NSAID. Given such, treatment is medically necessary.

**Gaviscon, one bottle with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Univerisyt og Michigan Health Systems. Gastroesophageal Reflux Disease. Ann Arbor, MI, 2012 May, pg.12

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting Gaviscon #1 bottle with 2 refills. MTUS, ACOEM and ODG do not specifically address the use of Gaviscon. Gaviscon is an anti acid supplement and can be used to treat GERD. Records show patient is concurrently taking Omeprazole for "GI problems." Gaviscon is a non-prescription medication and can be obtained over the counter. The provider does not explain why both agents are required. Treatment is not medically necessary.

**Citrucel #120 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 Iowa, Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, 2009 Oct. pg 51

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting Citrucel. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, the provider does not list Opioids as the patient's current medication regimen. In addition, Citrucel fiber supplement that can be obtained over the counter. Treatment is not medically necessary.

**Miralax, one bottle 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 Iowa, Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, 2009 Oct. pg 51

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting Miralax. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of Opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term Opioid use." The provider does not list Opioids as the patient's current medication regimen. Treatment is not medically necessary.

**Colace 250mg, #30 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 Iowa, Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, 2009 Oct. pg 51

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The treater is requesting Colace. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of Opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term Opioid use." The provider does not list Opioids as the patient's current medication regimen. Furthermore, the provider does not discuss why multiple laxatives are requested for this patient. Treatment is not medically necessary.

**Simethicone 80mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation Global Guideline, Irritable Bowel Syndrome, 2009 Apr 20, pg. 20

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The U.S. National Library of Medicine (<http://www.nlm.nih.gov>)

**Decision rationale:** This patient presents with increasing acid reflux, unchanged constipation, and diarrhea, and abdominal pain. The provider is requesting Simethicone. The ACOEM, MTUS and ODG do not discuss Simethicone. The U.S. National Library of Medicine at <http://www.nlm.nih.gov> states that "Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating." In this case, the provider does not provide a rationale for this request. It appears the medication is prescribed for patient's abdominal pain. MTUS page 60 requires pain assessment and functional changes when medications are used for chronic pain. The provider provides no discussion; therefore continuation of this medication cannot be supported. Treatment is not medically necessary.