

Case Number:	CM14-0154887		
Date Assigned:	09/24/2014	Date of Injury:	10/28/2006
Decision Date:	11/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, major depressive disorder, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of October 28, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; psychotropic medications; earlier cervical spine surgery; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for Gaviscon, Citrucel, MiraLax, and Dexilant. The claims administrator did not, however, incorporate any guidelines into its denial. The applicant's attorney subsequently appealed. In a report dated December 19, 2013, the applicant's treating provider suggested that the applicant would benefit from a detoxification program and also needed home health services to facilitate performance of basic activities of daily living. In a September 11, 2013 progress note, the applicant's problem list included chronic neck pain status post cervical fusion surgery, chronic low back pain status post lumbar spine surgery, depression, anxiety, reflux, obstructive sleep apnea, and insomnia. The applicant's home medications reportedly included Norco, Cymbalta, Senna, Risperdal, Zoloft, Topamax, Cialis, Prilosec, Ambien, Meclizine, multiple laxatives, Benzotropine, and Capsaicin gel; it was stated at that point in time. On June 4, 2014, the applicant was given refills of Cymbalta, Senna, Neurontin, and Norco. Multifocal 7-9/10 pain complaints were reported. The applicant was reportedly suffering from constipation with medications, it was suggested. In a Medical-legal Evaluation dated November 25, 2013, the Medical-legal evaluator conducted a comprehensive survey of the records. The Medical-legal evaluator did allude to a June 27, 2013 progress note suggesting that the applicant carried a diagnosis of gastroesophageal reflux disease for which the applicant was using Prilosec and Gaviscon. The Medical-legal evaluator also

alluded to a July 24, 2012 gastroenterology note noting that the applicant had ongoing issues with gastroesophageal reflux disease which had been exacerbated by usage of NSAIDs. The Medical-legal evaluator also alluded to a progress note of March 13, 2013, stating that the applicant's gastroesophageal reflux disease had been ameliorated with medication consumption to some extent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon 1 tablespoon #1 bottle: 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. Decision based on Non-MTUS Citation Medscape, Gaviscon Medication Guide.

Decision rationale: The MTUS does not address the topic. However, as noted by Medscape, Gaviscon is indicated in the treatment of heartburn, as is present here. The applicant apparently has some issues with reflux and heartburn which are not altogether ameliorated through usage of prescription proton pump inhibitors. Usage of Gaviscon for breakthrough heartburn/breakthrough reflux is therefore indicated. Accordingly, the request is medically necessary.

Citrucel 1 tablespoon #120: 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 Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. In this case, the applicant is, in fact, using Norco, an opioid agent. The applicant has, furthermore, experienced actual symptoms of constipation, it has been stated on several occasions, referenced above. Ongoing usage of Citrucel, a laxative, is indicated to ameliorate the same. Therefore, the request is medically necessary.

Miraiax 1 bottle, 17g: 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 Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants in whom opioid therapy is initiated. In this case, the applicant is reporting actual symptoms of constipation with Norco, an opioid agent. Concomitant provision of MiraLax, a laxative agent, is therefore indicated. Accordingly, the request is medically necessary.

Dexilant 60mg #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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia, as is apparently present here. The applicant's treating providers, Medical-legal evaluator, and gastroenterologist have all commented that the applicant has developed issues with NSAID-induced dyspepsia. Introduction and/or ongoing usage of Dexilant is indicated to combat the same, particularly in light of the fact that the applicant's gastroenterologist has commented that Dexilant has proven successful in attenuating the applicant's symptoms of reflux. Therefore, the request is medically necessary.