

<b>Case Number:</b>	CM14-0159854		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 08/24/2007, the mechanism of injury was not provided. On 07/23/2014, the injured worker presented with reports of nausea and vomiting and worsening acid reflux. Upon examination, there was 1+ diffuse tenderness to palpation over the abdomen with distention noted. The diagnoses were gastritis, industrially related, IBS, diabetes mellitus, hypertension, hyperlipidemia, fibromyalgia, and sleep disorder. Current medications included Ranitidine, Simethicone, Victoza, Amitriptyline, diabetic test strips, AppTrim, Hypertensa, Probiotics, Lyrica, Prilosec, Citrucel, and Colace. The provider recommended Simethicone and Amitriptyline. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simethicone 80mg #90 with 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 (WGO). World Gastroenterology Global Guideline: Irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organisation (WGO); 2009 Apr 20.20 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Simethicone, OnLine Data Base <http://www.drugs.com/ppa/simethicone.html>

**Decision rationale:** The request for Simethicone 80mg #90 with refills is not medically necessary. Per scientific based research, Simethicone is used for relief of painful symptoms and pressure of excess gas in the digestive tract. It is used in adjunct of treatment many conditions in which gas retention may be a problem such as postoperative gaseous distention and pain. The injured worker has a diagnosis that would be congruent with the scientific based recommendation for Simethicone. However, the efficacy of the prior use of the medication was not provided and the frequency of the medication was not in the request as submitted. As such, medical necessity has not been established.

**Amitriptyline 25mg #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 World Gastroenterology Organisation (WGO). World Gastroenterology Global Guideline: Irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organisation (WGO); 2009 Apr 20.20 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The request for Amitriptyline 25mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects included excessive sedation especially that which would affect work performance should be assessed. The optimal duration of treatment is not known. There is lack of evidence of an objective assessment of the injured worker's pain level. The frequency of the medication was also not provided in the request as submitted. As such, medical necessity has not been established.