

<b>Case Number:</b>	CM14-0169824		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 low back pain, depression, anxiety, fatigue, and sleep disturbance reportedly associated with an industrial injury of August 19, 2012. Thus far, the applicant has been treated with following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of psychotherapy; and extensive periods of time off of work. In a Utilization Review Report dated October 3, 2014, the claims administrator retrospectively denied omeprazole, amoxicillin, and Metamucil. The applicant's attorney subsequently appealed. In a progress note dated July 1, 2014, the applicant presented with issues associated with reflux, constipation, irritable bowel syndrome, obesity, weight gain, elevated blood pressure, and psychological stress. The applicant stated that her constipation and her bowel movements had improved following introduction of Metamucil. The applicant had reportedly taken amoxicillin for a UTI. The applicant was asked to consult a gastroenterologist for reflux and obtain an EGD. On May 20, 2014, the applicant was again described as having issues with reflux generally associated with epigastric abdominal pain and burning. The applicant was using Norco for pain relief, Metamucil for constipation, and omeprazole for reflux. The applicant was apparently given amoxicillin for a reported UTI. It was stated that the applicant had urinalysis demonstrating 68 white blood cells with 70,000 E. coli on urine culture, reportedly sensitive to ampicillin. In an orthopedic note dated September 10, 2014, the applicant was asked to pursue a knee surgery. Prilosec, Relafen, Norco, and Flexeril were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 40mg #60 DOS 10/03/2014: 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 Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The applicant has ongoing complaints of reflux, heartburn, and dyspepsia. The applicant has been given a presumptive diagnosis of gastritis. Introduction and/or ongoing usage of omeprazole was indicated to combat the same. Therefore, the request was medically necessary.

**Retrospective Amoxicillin 500mg #30 DOS 10/03/2014: Overturned**

**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 Food and Drug Administration (FDA), Amoxicillin Medication guide.

**Decision rationale:** The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that amoxicillin is indicated in the treatment of infections, which are proven or strongly suspected to be caused by bacteria. Amoxicillin is effective against organisms which are sensitive to ampicillin, the FDA further notes. In this case, the applicant had urine culture-proven urinary tract infection, which was reportedly sensitive to ampicillin on urine culture, the attending provider noted. Provision of amoxicillin was indicated to combat the same. Therefore, the request was medically necessary.

**Retrospective Metamucil sugar free powder #2 DOS 10/03/2014: 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 section. 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, and has, moreover, reported actual symptoms of constipation with the same. Ongoing usage of

metamucil is indicated to combat the applicant's ongoing complaints of constipation. Therefore, the request is medically necessary.