

Case Number:	CM14-0174490		
Date Assigned:	10/28/2014	Date of Injury:	08/19/2012
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 American Board Internal 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 injured worker (IW) is a 43-year-old woman with a date of injury of August 19, 2012. While working as a machine operator, a tray fell off a rack hitting her hands. She fell to the floor, landing on her hands and knees. She had immediate pain to her neck, shoulders, wrists, hands, upper and lower back, and knees. She was assisted to her feet. She continued the rest of her shift, and then went home to rest. Pursuant to the progress note dated May 20, 2014, The IW has complaints of low back pain. She also has increased epigastric pain and heart palpitations. She reports that bowel movements are better with Metamucil daily. The medical record does not indicate the start date of the Metamucil. She has urinary burning, but no accompanying fever, chills, nausea or vomiting. She has gained 60 pounds since the work injury. She reports that she eats more when she is stressed. Physical examination provides limited information. The note states that the IW is an obese female in no acute distress. The abdomen is obese and there is tenderness in the epigastrium. Extremities are negative. The IW was taking the following medications pursuant to a note dated March 28, 2013: baclofen cream, Norflex 100mg, Paxil 20mg, Omeprazole 20mg, Neurontin 300mg, and Medrox patch. A chemistry panel dated April 15, 2014 was performed revealing normal limits with the exception of the following: ALT 54; Total bilirubin 1.5; CRP is 1.24. Urinalysis revealed WBC 6 to 8 with large leukoesterase, 70,000 E.Coli in the urine C&S, sensitive to Ampicillin. Current diagnoses include: Thoracic or lumbosacral neuritis or radiculitis, knee tendonitis/bursitis, Gastritis/GERD, IBS, Orthopedic diagnosis, Psyche diagnosis, Obesity aggravated, Mild elevated blood pressure, Slight abnormal liver function tests (LFT), and Urinary tract infection. The provider states that the IW had a 60-pound weight gain on an industrial basis. She has been unable to lose weight despite diet modifications including reducing portion size. The IW is 5 feet 2 inches tall, and weight 264 pounds with a BMI of 48.3. She is classified as morbidly obese. She weighed 228 pounds when

she first presented to for treatment back in 2012. The recommended treatment plan includes: GI consult for gastroscopy due to her ongoing abdominal pain despite proton pump inhibitor. She has been advised to get an abdominal ultrasound from her private doctor with regards to her abnormal LFTs. The Omeprazole is being increased to 40mg twice a day. It is noted that the injured worker's physical inactivity resulting from her work injury caused the IW to increase her weight, which may aggravate her stomach causing further gastroesophageal reflux disease. The weight gain and physical immobility are risk factors in the development of hypertension. A medically supervised weight loss program is being requested. The IW was prescribed Amoxicillin for the UTI. Prior to the injury, the record reflects the injured worker has a history of being prone to UTIs. The provider states that the IW has difficulty cleaning herself after a bowel movement due to her industrial back pain, leading to increased risk of UTI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Omeprazole 40mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI symptoms and cardio risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Omeprazole (proton pump inhibitors)

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Omeprazole 40 mg PID #60 is not medically necessary. Regarding Omeprazole, clinicians should weigh the indications for nonsteroidal anti-inflammatory drug use against both gastrointestinal and cardiovascular risk factors. When determining if a patient is at risk for a G.I. event, we look at whether the age is greater than 65 years old, there is a history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin and high-dose multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker has a history of hypertension and morbid obesity. The injured worker does not, however have any of the risk factors indicating use of a proton pump inhibitor. Specifically, there is no history of peptic ulcer disease, bleeding, perforation or concurrent use of aspirin. The injured worker does have complaints of epigastric pain and a history of gastritis, however there were no specific symptoms noted during the last progress note warranting Omeprazole. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, omeprazole 40 mg b.i.d. #60 is not medically necessary.

Retro: Amoxicillin 500mg TID for 10days #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a685001.html>

Decision rationale: Pursuant to MedlinePlus, amoxicillin is not medically necessary. Amoxicillin is an antibiotic used to treat bacterial infections including pneumonias, bronchitis, infections of the ear and urinary tract. In this case, the injured worker has a history of being "prone to urinary tract infections". The amoxicillin was prescribed for urinary tract symptoms. The culture was positive for E. coli. This is not a work/industrial related infection. The injured worker is prone to urinary tract infections and had another urinary tract infection. This is a nonindustrial/work related issue. Based on the clinical information in the medical record, the injured workers, problems, and the peer-reviewed evidence-based guidelines, the amoxicillin was not medically necessary.

Retro: Metamucil sugar free powder, BID #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Medical foods

Decision rationale: Pursuant to the Official Disability Guidelines, Metamucil sugar free powder b.i.d., 2 refills is not medically necessary. The FDA to find a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation". There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. They are not recommended for chronic pain. In this case, the injured worker has a history of irritable bowel syndrome. This is not an industrial work-related problem. There are no indications in the medical record indicating Metamucil is medically necessary. Moreover, Metamucil is not indicated for treatment of chronic pain. Metamucil is indicated for the treatment of irritable bowel syndrome (a non-work related injury/issue). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Metamucil sugar free powder b.i.d. with 2 refills is not medically necessary.