

Case Number:	CM14-0176169		
Date Assigned:	10/29/2014	Date of Injury:	04/29/2004
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 and 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 67 year old with an injury date on 4/29/04. Patient complains of constant pain upon walking/weight bearing/sitting, and swelling, with pain rated 7/10 per 6/30/14 report. Patient is unable to go to the restroom and feels constipation, and is follow-up right inguinal hernia (performed 6/26/14) per 7/7/14 report Patient . Based on the 7/7/14 progress report provided by [REDACTED] the diagnosis is hernia. Exam on 4/24/14 showed "defect in linia alba from epigastrium to umbilicus and right inguinal hernia." No range of motion testing was included in reports. Patient's treatment history includes a normal CB, normal chemistry panel, normal TSH, and a chest X-ray. [REDACTED] is requesting prilosec 20mg #60, probiotics #60, preparation H cream, fennel seeds/tea 2 boxes, HC suppositories #20, and UDS. The utilization review determination being challenged is dated 9/30/14 and denies preparation H and HC suppositories due to a lack of documentation of medical necessity, and denies urine drug screen due to lack of evidence patient is taking opioids, as well as the request being from an internist. [REDACTED] is the requesting provider, and he provided treatment reports from 4/24/14 to 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for PRILOSEC 20mg #60. It is not known how long patient has been taking Prilosec. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treating physician does not explain why this medication is being prescribed. Recommendation is not medically necessary.

Probiotics #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for PROBIOTICS #60. Regarding nutritional support, Aetna Clinical Policy Bulletin allows in cases of small bowel disorders that require feeding penetrably or parenterally, but not orally-administered or regular food items. In this case, the treating physician does not explain why probiotics would be necessary. Aetna Clinical Policy Bulletin allows nutritional support in cases where feeding is medically necessary, but regular food items such as yogurt would not be considered a medical item. Recommendation is not medically necessary.

Preparation H cream: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: Hydrocortisone (Topical)

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for PREPARATION H cream. According to Medline Plus, hydrocortisone is available with or without a prescription. Low-strength preparations (0.5% or 1%) are used without a prescription for the temporary relief of (1) minor

skin irritations, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and (3) itching and irritation of the scalp. It is also used to relieve the discomfort of mouth sores.

Hydrocortisone may be prescribed by your doctor to relieve the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions; the inflammation of ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems. In this case, the patient presents with IBS and the requested Preparation H is medically reasonable. Recommendation is medically necessary.

Fennel seeds/tea 2 boxes: Upheld

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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for FENNEL SEEDS/TEA 2 boxes. Regarding nutritional support, Aetna Clinical Policy Bulletin allows in cases of small bowel disorders that require feeding penetrably or parenterally, but not orally-administered or regular food items. In this case, the treating physician does not explain why fennel tea would be necessary for this patient's condition. Aetna Clinical Policy Bulletin allows nutritional support in cases where feeding is medically necessary, but regular food items such as tea would not be considered a medical necessity. Recommendation is not medically necessary.

HC Suppositories #20: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: Hydrocortisone (Topical)

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for HC SUPPOSITORIES #20. The patient has irritable bowel syndrome per utilization review letter dated 9/30/14 report. According to Medline Plus, hydrocortisone is available with or without a prescription. Low-strength preparations (0.5% or 1%) are used without a prescription for the temporary relief of (1) minor skin irritations, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and (3) itching and irritation of the scalp. It is also used to relieve the discomfort of mouth sores. Hydrocortisone may be prescribed by your doctor to relieve the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions; the inflammation of

ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems. In this case, the patient presents with IBS and the requested HC suppositories #20 are medically reasonable. Recommendation is medically necessary.

UDS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse, Opioids, steps to avoid misuse/addiction, Drug Testing Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: This patient presents with unspecified pain, s/p right inguinal hernia repair from 6/26/14. The treating physician has asked for UDS. Patient is taking Norco per 4/24/14 report. Review of the reports do not show any evidence of urine drug screen being done in the past. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treating physician has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. Recommendation is medically necessary.