

<b>Case Number:</b>	CM14-0179853		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 58-year-old male who reported an injury on 08/28/2006. The mechanism of injury was not stated. The current diagnoses include abdominal pain, gastroesophageal reflux disease, diarrhea/constipation, rule out irritable bowel syndrome, status post H pylori treatment, diabetes mellitus, paresthesia in the bilateral lower extremities, hyperlipidemia, sleep disorder, hypertension, vitamin D deficiency, and cataracts. The injured worker was evaluated on 08/19/2014 with reports of improved blurred vision, slightly improved abdominal pain, and improved paresthesia. The injured worker reported diarrhea with constipation. Vital signs obtained in the office revealed a blood pressure of 119/76, heart rate of 78, blood glucose of 176, and a height of 5 feet 6 inches with a weight of 172 pounds. There was 1+ tenderness to palpation in the epigastric region upon physical examination. There was also tenderness noted at the lumbosacral spine. The injured worker was utilizing a support/back brace. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. For treatment of dyspepsia, secondary to NSAID therapy, it is recommended that the NSAIDs be discontinued or switched, or initiation of an H2 receptor antagonist or a proton pump inhibitor should occur. There was no documentation of increased risk factors for gastrointestinal events. Additionally, the injured worker has continuously utilized Dexilant since 06/2014 without any evidence of improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Citrucel #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker has continuously utilized this medication since 06/2014 without any evidence of improvement. There is no documentation of a failure to respond to first line treatment. As such, the request cannot be determined as medically appropriate. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**Urine toxicology screen, labs (dm, htn, gi profiles):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of opioid medication. There is no indication that this

injured worker falls under a high risk category that would require frequent monitoring. As the medical necessity has not been established, the request is not medically appropriate at this time.

**Glucose monitor (computerized):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Diabetes Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Glucose monitoring.

**Decision rationale:** The Official Disability Guidelines recommend self monitoring of blood glucose for patients with type I diabetes, as well as those with type II diabetes who use insulin therapy, plus long term assessment, but not continuous glucose monitoring for routine use. Therefore, the current request cannot be determined as medically appropriate.

**Translation/interpreter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no indication that this injured worker does not proficiently speak or understand the English language. The medical necessity for a qualified interpreter has not been established. As such, the request is not medically appropriate.