MAXIMUS Federal Services

Case Number:	CM14-0020579		
Date Assigned:	04/30/2014	Date of Injury:	04/29/2004
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a represented [redacted] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of April 29, 2014. Thus far, the patient has been treated with the following: Analgesic medications; sleep aids; attorney representations; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report of January 31, 2014, the claims administrator approved a request for Prilosec, Probiotics, Citrucel, Preparation H, and fennel seeds while denying Metamucil. Restoril was apparently partially certified. The claims administrator did cite a variety of non-MTUS guidelines in its decision making. Overall rationale was highly template. Restoril was apparently partially certified for weaning purposes. The claims administrator stated that the patient is already using other laxatives and Metamucil was therefore duplicated. In a progress note dated October 31, 2013, the patient was described as having ongoing issues with abdominal pain and gastrointestinal discomfort. The patient also had reflux, rectal bleeding, hemorrhoids, gastritis, and constipation, it was stated. The patient had a history of prostate cancer, it was further stated. Asacol and Canasa were issued. The patient was asked to eschew further NSAID consumption. In a supplement report of October 1, 2013, the patient was described as having ongoing issues with chronic neck pain, low back pain, anxiety, depression, hypertension, hernia, and hemorrhoids. On December 18, 2013, the patient was apparently given prescriptions for Prilosec, Probiotics, Restoril, and Citrucel. It was stated that Metamucil should also be introduced as a new medication, presumably for constipation and to maintain regular bowel movements. The patient was apparently having issues with bright red blood per rectum and/or bleeding hemorrhoids, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 7.5MG #45 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications may be appropriate for brief periods, in cases of overwhelming symptoms, but are not indicated for chronic, long-term, and/or scheduled use purpose for which they are being proposed here. In this case, the attending provider's documentation is highly template and does not establish the presence of any acute case of overwhelming symptoms of anxiety for which Restoril would be indicated. Therefore, the request is not medically necessary.

METAMUCIL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS does not address the topic. However, as noted in the Physician's Desk Reference (PDR) Metamucil, a laxative, is indicated in the treatment of constipation, either occasional or chronic, including that associated with hemorrhoids. In this case, the applicant does apparently have hemorrhoids and irritable bowel syndrome which are reportedly responsible for his ongoing symptoms of constipation. The attending provider seemingly posited that usage of a single laxative, Citrucel, was apparently insufficient to try and combat the same. Therefore, introduction of a second agent, Metamucil, was indicated. Accordingly, the request is medically necessary.