MAXIMUS Federal Services

Case Number:	CM14-0021632		
Date Assigned:	05/05/2014	Date of Injury:	02/16/2011
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant is a 51 year old man with date of injury 2/16/2011. He is described as having bilateral shoulder, bilateral wrist, left knee and left elbow pain. There has been consideration of shoulder surgery but this has not been performed. Current medications are Omeprazole, Trepidone, Aciphex, tramadol and a stool softener. The request is for Omeprazole and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2, 68.

Decision rationale: The California MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document any concern for gastrointestinal events and the Omeprazole therefore is not medically necessary.

COLACE 100MG: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid Induced Constipation Section.

Decision rationale: The California MTUS guidelines do not address the use of stool softeners. The Official Disability Guidelines (ODG) describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. IF this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy and the use of Colace is not medically indicated under these circumstances.