

Case Number:	CM14-0030299		
Date Assigned:	07/23/2014	Date of Injury:	11/17/2009
Decision Date:	08/27/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 claimant was injured on 11/17/09. The medications Senokot and Nexium are under review. The claimant has multiple diagnoses including low back sprain with facet syndrome, degenerated disc, sacroilitis, chronic pain, adjustment disorder, myalgia, esophageal reflux, gastritis, and gastroduodenitis. She was injured while repeatedly pushing down a patient with Down syndrome. She had imaging studies. She has also had physical therapy, medications, epidural steroid injections and medial branch blocks on the left side. She also had radiofrequency ablation 2 to the left side. Her neck and extremities have full range of motion and normal muscle mass and muscle tone. Low back had no spasms. Straight leg raise was positive on the left for low back pain. It was negative on the right. She had diffusely tender facets and bilateral facet loading tests with tenderness of the SI joint. She had restricted and painful range of motion. Her gait was antalgic. She was prescribed several medications including Nexium for side effects of her prescribed medications. However no anti-inflammatories were prescribed. The patient was prescribed Nexium routinely for prophylaxis. The claimant was prescribed Senokot possibly for constipation. However, there was no documentation that she had complaints of constipation. On 04/02/14, she saw a nurse practitioner, [REDACTED]. She had a cholecystectomy the previous month. She has tried multiple medications. She was not on anti-inflammatories. Past medical history did not mention gastric or gastrointestinal problems other than the cholecystectomy. Physical examination was unremarkable except for mild discomfort. She was diffusely tender over the facet region. The diagnoses do include esophageal reflux with unspecified gastritis and gastroduodenitis. There is no mention of constipation. She was given refills of morphine and Norco along with Senokot. She also received Nexium. There is a report dated 01/14/14 that indicated she complained of gastritis/GERD symptoms due to the use of medications. Morphine and Norco were not granted. Gastrointestinal diagnoses were also mentioned in March 2014 on

03/04/14. There is no mention of actual abdominal symptoms in multiple notes. On 01/14/14, she complained of gastritis/GERD symptoms due to the use of pain medications. She was using morphine and Norco. She also was prescribed Nexium. There was no epigastric tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.6mg #60: 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 Other Medical Treatment Guideline or Medical Evidence: PDR, 2014, Senokot.

Decision rationale: The history and documentation do not objectively support the request for Senokot. The PDR recommends it for control/management of constipation in certain individuals, including those who are being treated with opioids. In this case, there is no evidence of constipation or other gastrointestinal problems for which Senokot may be recommended. The use of Senokot may be considered as prophylaxis for constipation that can occur with the chronic use of opioids and the claimant was taking morphine and Norco but they were noncertified. Therefore, in the absence of reports of constipation or another indication for its use, the medical necessity of the use of Senokot has not been clearly demonstrated. The request is not medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): page 102.

Decision rationale: The history and documentation do not objectively support the request for Nexium. The California MTUS do not specifically address the use of Nexium but state on p. 102 that PPIs patients at intermediate risk for gastrointestinal events and no cardiovascular disease (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The claimant reported symptoms of gastrointestinal upset with her medications but she was not taking anti-inflammatories and the morphine and Norco were granted. It is not clear under what circumstances she had GI symptoms for which this medication was prescribed and her history of use of medications is also unclear. Therefore, the medical necessity of this request has not been clearly demonstrated. The request is not medically necessary.

