

<b>Case Number:</b>	CM14-0032642		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 53 year old male who sustained an injury on 04/20/09 when he fell through a floor injuring the left ankle injury. The injured worker required surgical intervention for the ankle including open reduction internal fixation. The injured worker was followed by the treating physician for multiple diagnoses including gastritis induced by medications gastroesophageal reflux disease, constipation, Irritable Bowel Syndrome and gastric ulcers. Gastroenterology report from 02/06/14 noted the injured worker had improving abdominal pain with medications. Physical examination noted some tenderness to palpation over the epigastric area. The clinical record from the treating physician on 02/13/14 noted blood pressure was under control although slightly elevated. Physical examination noted tenderness to palpation noted pitting edema in the bilateral lower extremities. Medications included Lisinopril, Dexilant, simethicone, probiotics, ASA therapy, and Carafate. Follow up on 03/13/14 noted that the abdominal pain and acid reflux was still well controlled with medications. The injured worker reported continuing blood pressure elevation however this was also improving. Physical examination was unchanged with no guarding in the abdomen. Medications were continued at this visit and diet was discussed. The requested simethicone 80mg #60 and ASA 81mg #30 were denied by utilization review on 03/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simethicone 80 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO); 2009 April 20. page 20.

**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: Simethicone. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** In regards to the request for Simethicone 80mg quantity 60, this is an anti-flatulence medication prescribed to reduce bloating pain or discomfort caused by excessive gas. As of the most recent evaluation by the treating physician, there was no indication of any substantial gas contributing to epigastric pain. Symptoms appeared to be well controlled as of March of 2014. Given the absence of any clinical findings which would support the use of simethicone in this case, this request is not medically necessary.

**ASA 81 mg, QTY: 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse.

**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: Aspirin. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** In regards to the request for ASA 81mg quantity 30, the injured worker is noted to have had a history of hypertension which was now being brought under control with medications. The other gastric conditions were also being well controlled with medications with no evidence of any active ulcers or other gastrointestinal complaints. Given the risk factors for heart disease due to hypertension, the ongoing use of ASA at 81mg is medically necessary and the standard of care. Therefore, the request is medically necessary.