

Case Number:	CM14-0041464		
Date Assigned:	06/27/2014	Date of Injury:	07/07/2008
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This 31-year-old female sustained an injury on 7/7/2008. She complains of chronic neck pain, chronic low back pain and chronic ankle pain. The patient has been on chronic NSAID use in the past and it is alleged that due to her use of NSAIDs she has developed a number of chronic abdominal problems. These include abdominal pain, chronic constipation, gastroesophageal reflux disease, hemorrhoids, and gastritis. She is on a number of medications for her gastric and lower GI problems. The patient had a gastroenterology evaluation done in 2012 including an esophagogastroduodenoscopy with biopsy. The conclusion of the evaluation was epigastria pain consistent with esophageal reflux, GERDES aggravated by side effects of NSAID medication, bile gastritis aggravated by side effects of NSAID medication, helicobacter gastric infection-nonindustrial, gastric polyps-nonindustrial and rectal bleeding caused by constipation aggravated by stronger analgesics. She is no longer taking NSAIDs but her GI symptoms persist. Her orthopedic surgeon is using Norco for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mylanta 30 cc, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System.; 2012 May. 12p (11 references).

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: Drugs.com, and acids.

Decision rationale: Mylanta is considered an acid. It is aluminum hydroxide/magnesium hydroxide/Simethicone. I could find no reference for its use in either the ACOEM or the O DG. Drugs.com state that antacids generally provide more rapid but less prolonged relief of GERD symptoms compared with H₂-receptor antagonist, and combined therapy generally is more effective than either class of drug alone. It is also used for self-medication for the relief of breakthrough symptoms in patients receiving proton pump inhibitors. According to the record, this patient still has episodes of epigastric reflux 3-4 times a month. However, the patient is also on Gaviscon. This is also considered an antacid and in addition helps prevent episodes of epigastric reflux. There is no evidence-based literature that 2 antacids are better than 1. Therefore, based on lack of evidence, the medical necessity of using Mylanta cannot be established.

1 prescription of Colace 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline clearinghouse McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa gerontological Nursing interventions research center, research translation and dissemination core; 2009 Oct. 51 P. (44 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG pain), Opioid-induced constipation treatment.

Decision rationale: ACOEM guidelines do not address constipation. The constipation this patient has is attributed to her use of opioids for her chronic neck and back pain. The ODG addresses opioid-induced constipation treatment. The first line of treatment is appropriate hydration, increased physical activity, and proper diet rich in fiber. The record documents that the patient has been advised about proper hydration and diet and increased physical activity within her tolerance. In addition to these measures over-the-counter medications can help loosen hard stool add bulk and increased water content of the stool. Colace is one such medication. It adds water to the stool to soften it. Therefore, based on current guidelines, the medical necessity for the use of Colace while the patient is on opioid therapy is established.

Unknown prescription of Gaviscon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse University of Michigan Health system. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health system; 2012 May. 12p (11 references).

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: Drugs.com, Webb M.D., Wikipedia.

Decision rationale: Gaviscon is an antacid that is used in the treatment of esophageal reflux disease. It is a nonprescription medicine and drugs.com states that antacids generally provide more rapid but less prolonged relief of GERD symptoms compared with H₂-receptor antagonist, and combined therapy generally is more effective than either class of drug alone. It is also used for self-medication for the relief of breakthrough symptoms in patients receiving proton pump inhibitors. According to the record, this patient still has episodes of epigastric reflux 3-4 times a month. Gaviscon has a combination of alginic acid and bicarbonate which form a layer on the contents of the stomach and prevent stomach acid from refluxing up into the esophagus. Since this patient has episodes of breakthrough reflux throughout the month, the medical necessity for the use of Gaviscon has been established.

1 prescription of Dexilant 60mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 28-29. Decision based on Non-MTUS Citation National guidelines clearing house: Guidelines for the management and treatment of Gastroesophageal Reflux Disease.

Decision rationale: The chronic pain guidelines deal with determining if the patient is at risk for gastrointestinal events. This patient already has gastrointestinal events ongoing and chronic and she is no longer taking NSAIDs. This is not covered in the chronic pain guidelines. The national guideline clearing house has guidelines for the management and treatment of gastrointestinal reflux disease. One of the management recommendations is that maintenance proton pump inhibitor therapy should be administered for GERD patients who continued to have symptoms after the proton pump inhibitor is discontinued. According to the medical record, this patient continues to have ongoing episodes of reflux. Therefore, the medical necessity for the continued use of a proton pump inhibitor (Dexilant) has been established.