

<b>Case Number:</b>	CM14-0044623		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Practice, 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:

62 yr. old male claimant sustained a work injury on 2/17/16 involving the low back. He was diagnosed with low back syndrome, Lumbar disc protrusion and lower extremity radiculitis. Due to his injury he had been on pain medication and had reduced activity. He had secondary diagnoses including: constipation, internal hemorrhoids, sleep disorder, diabetes and metabolic syndrome. A progress note on 3/11/14 indicated the claimant had fasting sugars in the 130-140. He had continued constipation. Physical exam was unremarkable. His medications included Prilosec, Citrucel, Colace, Metformin, and Anusol Cream. Prilosec was given for reflux symptoms created by prior NSAID use. He was given strips to manage his diabetes. A request was also made for a SUDO scan and an ophthalmology evaluation due to history of diabetes and to evaluate for end organ damage. Additionally a urine toxicology screen was ordered. A prior drug screen in December 2013 was unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #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 - Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (Updated 03/18/14) - Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and pg 68-69 Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant was not on NSAIDs at the time of continuation of Prilosec. Therefore, the continued use of Prilosec is not medically necessary.

**Citrucel #180 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 68-69 Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. The claimant had not been on opioids. He had been on Citrucel and Colace for stool softening. He had additionally needed Anusol for hemorrhoids. Other efforts such as diet modifications (unrelated to diabetics diet) were not addressed to manage the chronic symptoms. His constipation was attributed to stress. Stress should be addressed primarily before continuing stool softeners. The continued use of Citrucel is not medically necessary.

**Colace 100mg #90:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. The claimant had not been on opioids. He had been on Citrucel and Colace for stool softening. He had additionally needed Anusol for hemorrhoids. Other efforts such as diet modifications (unrelated to diabetics diet) were not addressed to manage the chronic symptoms. His constipation was attributed to stress. Stress should be addressed primarily before continuing stool softeners. The continued use of Colace is not medically necessary.

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology and pg.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**Sudo Scan:** 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 Official Disability Guidelines (ODG) Diabetes Other Medical Treatment Guideline or Medical Evidence: PUBMED literature search.

**Decision rationale:** A SUDO scan is a scan to evaluate for end organ damage using a tool that evaluates the chloride ions released from sweat glands to evaluate autonomic dysfunction. The ACOEM and MTUS guidelines do not address the SUDO scan. There is limited evidence to support the use of a SUDO scan. The ODG guidelines do not address the use of a SUDO scan. The use of a SUDI scan is not standard of care and is therefore not medically necessary.

**Ophthalmology Evaluation - One (1):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Optometric Association, 2005 - Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** According to the ODG guidelines, vision screening is recommend referral to an experienced ophthalmologist for annual dilated eye examination. This is routine and standard practice for diabetics. The request above is medically necessary.