

Case Number:	CM14-0047610		
Date Assigned:	06/25/2014	Date of Injury:	07/22/2012
Decision Date:	09/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 Preventive 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:

According to the records made available for review, this is a 44-year-old female with a 7/22/12 date of injury. At the time of request for authorization for MiraLax 18gm qd and Omeprazole 20mg qd #30 x 3 refills, there is documentation of subjective (right shoulder pain, constipation that is helped by MiraLax, and stomach upset and burning in the epigastrium) and objective (decreased and painful right shoulder range of motion) findings. The current diagnoses included constipation related to narcotic use and iatrogenic gastritis due to use of pain medications and anti-inflammatory medications. The patient's treatment to date includes medications Norco, Naprosyn, MiraLax, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 18gm qd: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD website, (<http://www.webmd.com/drugs/drug-17116-Miralax+Oral.aspx?drugid=17116&>).

Decision rationale: The MTUS and ODG do not address this issue. The Medical Treatment Guideline identifies MiraLax as an osmotic-type laxative used to treat occasional constipation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of constipation related to narcotic use. In addition, there is documentation of ongoing treatment with Norco and MiraLax. Therefore, based on guidelines and a review of the evidence, the request for MiraLax 18gm qd is medically necessary.

Omeprazole 20mg qd #30 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of iatrogenic gastritis due to use of pain medications and anti-inflammatory medications. In addition, there is documentation of ongoing treatment with Norco, Naprosyn, and Omeprazole. Furthermore, there is documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg qd #30 x 3 refills is medically necessary.