

<b>Case Number:</b>	CM14-0053519		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Anesthesiology, has a subspecialty in , Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 03/05/2001. The injured worker's medication history as of 11/22/2013 revealed lisinopril #30 five mg (daily), Gaviscon (1 tablespoon 3 times a day as needed), Citrucel 120 mg (1 to 2 tablets 3 times a day as needed), Lovaza 1 month supply (4 gm daily), metformin #90 five hundred mg (3 times a day), glipizide #60 five mg (twice a day), Aciphex #30 twenty mg tablets (1 daily), probiotics #60 (twice daily), Bystolic #30 two-point-five mg (1 tablet daily), Lipitor #30 ten mg (at bedtime), Dexilant 60 mg (1 tablet daily), and Colace 100 mg (1 tablet twice a day for constipation). The documentation of 03/10/2014 revealed the injured worker's gastroesophageal reflux disease and gastritis was controlled with medications. The injured worker reported no change in irritable bowel syndrome or sleep quality. The diagnoses included paresthesia of the bilateral upper extremities and lower extremities, gastroesophageal reflux disease secondary to NSAIDs, gastritis secondary to NSAIDs, irritable bowel syndrome constipation type, hemorrhoids secondary to constipation, diabetes mellitus, hypertension, hyperlipidemia, and obstructive sleep apnea. The treatment plan included the injured worker should follow a low cholesterol, low glycemic, low sodium, low fat, low acid diet. Additionally, the injured worker was issued prescriptions for lisinopril #30 five mg (daily) 2 refills, Dexilant 60 mg (1 tablet by mouth daily) with 2 refills, Gaviscon 1 bottle (1 tablespoon 3 times a day as needed) with 2 refills, Citrucel #120 (1 to 2 tablets 3 times a day as needed) with 2 refills, Colase 100 mg tablets (1 by mouth twice a day) for constipation, Lovaza 1 month supply (4 gm daily with 2 refills), metformin #90 five hundred mg (3 times a day with 2 refills), probiotics #60 (twice a day) with 2 refills, Bystolic #30 two-point-five mg (1 tablet daily) with 2 refills, Lipitor #30 ten mg (at bedtime) with 2 refills, and diabetic test strips/lancets/alcohol swabs (3 month supply).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to provide a documented rationale for the requested service. There was a lack of documentation indicating the injured worker had documentation of addiction, abuse, or poor pain control. Given the above, the request for urine toxicology screen is not medically necessary.

**Lovaza 4 gms 2 refills-1 month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Omega-3 Fatty Acids.

**Decision rationale:** The Official Disability Guidelines recommend omega-3 fatty acids. The efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 11/2013. There was a lack of documented efficacy through lab results. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lovaza 4 gm 2 refills-1 month supply is not medically necessary.

**Gaviscon 1 bottle 2 refills 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**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:<http://www.drugs.com/mtm/gaviscon-extra-strength.html>)After a professional and thorough review of the documents, my analysis is that the above listed issue.

**Decision rationale:** Per drugs.com, Gaviscon is a combination of alginic acid, aluminum hydroxide, and magnesium carbonate, and is used to treat symptoms of stomach ulcers, gastroesophageal reflux. Clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicated a necessity for 2 refills without re-evaluation. Given the above, the request for Gaviscon 1 bottle, 2 refills 4 is not medically necessary.

**Citrucel QTY:120, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The Official Disability Guidelines recommend prophylactic treatment of constipation when initiated opioid therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 6 months. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicated a necessity for 2 refills without re-evaluation. Given the above, the request for Citrucel #120 two refills is not medically necessary.

**Probiotics QTY: 60, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food.

**Decision rationale:** The Official Disability Guidelines indicate that in order to be considered, the product must be a food for oral or tube feeding, and must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Clinical documentation submitted for review failed to indicate the probiotic that was being taken and the specific requirements for the probiotic. The request as submitted failed to indicate the frequency for the requested medication. The duration of use had been greater than 6 months. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for probiotics #60 refills x 2 is not medically necessary.