

Case Number:	CM14-0058823		
Date Assigned:	07/09/2014	Date of Injury:	02/16/2010
Decision Date:	08/13/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 53-year-old female who reported an injury on 11/28/2012 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/27/2014 the injured worker reported heaving improvement with the acid reflux with medications and denied any diarrhea, constipation, or bright red blood per rectum. Prior treatments included prescribed medications. The physical examination of the chest revealed lungs clear to auscultation with no rales of wheezes appreciated or dullness to percussion. The physical examination of the cardiovascular system revealed regular rate and rhythm, S1 and S2, with no rubs or gallops appreciated. The physical examination of the abdomen revealed soft normoactive bowel sounds. The diagnoses included abdominal pain; acid reflux, likely aggravated by NSAIDs; rule out ulcer/anatomical alteration and constipation. The deferred diagnoses included shortness of breath, rule out cardiac versus pulmonary versus anxiety (defer to primary treating physician); history of asthma (defer to primary treating physician); rule out reactive airway disease (defer to primary treating physician); rule out hypoglycemia (defer to primary treating physician); sleep disorder (defer to appropriate specialist); orthopedic diagnosis (defer to appropriate specialist); and psychiatric diagnosis (defer to appropriate specialist). The treatment plan included lab tests and a request for an upper GI series and prescribed medications of Dexilant #30, 60 mg daily; Colace #60, 100 mg twice daily as needed; and probiotics #60 twice daily. It was annotated that the physician advised the injured worker to avoid NSAIDs. Additional treatment notes annotated showed abdominal ultrasound report was unremarkable; lab results showed glucose at 82 and negative for H. pylori IgG, and 2 view chest x-ray results were unremarkable. The injured worker was to followup with her primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse (ASGE Standards of Practice Committee) Adverse events of upper GI endoscopy.

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: National Guideline Clearing house, Adverse events of Upper GI endoscopy.

Decision rationale: The request for Upper GI series is non-certified. The National Guideline Clearinghouse states under the adverse events of upper GI endoscopy article that adverse events are inherent in the performance of upper gastrointestinal endoscopic procedures. Because endoscopy assumes a more therapeutic role in the management of GI disorders, the potential for adverse events will likely increase. Knowledge of potential endoscopic adverse events, their expected frequency, and the risk factors for their occurrence may help to minimize the incidence of adverse effects. Endoscopics are expected to carefully select injured workers for the appropriate intervention, are familiar with the planned procedure and available technology, and be prepared to manage any adverse events that may arise. In the clinical notes provided for review, the injured worker stated that she had improvement of acid reflux with medications and denied any diarrhea, constipation, or bright red blood per rectum. Furthermore, there is lack of documentation to warrant an upper GI series, due to the fact that the injured worker has negative lab reports to include blood and x-rays. Therefore, the request for Upper GI series is non-certified.

Colace 100 mg #60: Upheld

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

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

Decision rationale: The request for Colace 100 mg #60 is non-certified. The CA MTUS Guidelines state that opioid induced constipation, the first line, includes simple treatments of increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxative may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In the clinical notes provided for review, the injured worker indicated that she was having improved relief of symptoms of acid reflux and denied any diarrhea, constipation, or bright red blood per rectum. Furthermore, the guidelines recommend physical activity and appropriate hydration by drinking

enough water and a diet rich in fiber. Therefore, the request for Colace 100 mg #60 is non-certified.

Probiotics #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World gastroenterology Organization Global Guidelines: irritable bowel syndrome: a global perspective.

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: www.rxlist.com probiotics.

Decision rationale: The request for Probiotics #90 is non-certified. The article used for the indication of probiotics stated that probiotics are live microorganisms (usually bacteria) that are similar to beneficial microorganisms that are found in the human gut that are taken as dietary supplements or found in foods. Most probiotics are bacteria similar to those naturally found in the intestine. Examples are lactobacillus and phytobacteria. They may occur naturally in yogurts and certain fermented foods. Probiotics have been used as treatment for various gastrointestinal conditions including irritable bowel syndrome and travelers diarrhea. In the clinical notes provided for review, the injured worker indicated that she had improved relief of symptoms of acid reflux with medications and denied any diarrhea, constipation, or bright red blood per rectum. Furthermore, the diagnoses stated that the acid reflux was likely aggravated by the NSAIDs and therefore, was advised to avoid any NSAIDs. Furthermore, probiotics may be found naturally in yogurts and certain fermented foods that are over-the-counter. Therefore, the request for Probiotics #90 is non-certified.