

Case Number:	CM14-0063295		
Date Assigned:	07/11/2014	Date of Injury:	01/19/2011
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported falling when the support beneath her collapsed on 01/19/2011. On 01/13/2014, her diagnoses included abdominal pain, acid reflux secondary to NSAIDs rule out ulcer/anatomic alteration, constipation secondary to narcotics, chest pain rule out cardiac versus GI versus anxiety, sleep disorder rule out obstructive sleep apnea. Orthopedic diagnosis and psychiatric diagnosis were deferred. Upon examination, there was left upper quadrant tenderness to palpation which was consistent with complaints of abdominal pain, acid reflux, and constipation. The examining physician felt that the injured worker suffered from gastropathy secondary to the use of NSAIDs and narcotics, including Ibuprofen and Hydrocodone for pain relief. The treatment plan included lab work and an abdominal ultrasound. She was prescribed Prilosec 20 mg, Miralax 17 grams/8 oz. of water, and Colace 100 mg. Her lab results showed low hemoglobin of 10.8, a low hematocrit of 33.9, a low mean corpuscular volume of 70.1, a low mean corpuscular hemoglobin of 22.3, and low vitamin D of 17.3. Her red cell distribution was high at 68.3 and her mean platelet volume was high at 10.9. An abdominal ultrasound was unremarkable on 01/17/2014. On 01/13/2014, her medications included Ibuprofen 800 mg, Tramadol 150 mg, Soma 350 mg; Hydrocodone, Buspar, Xanax, and Levothyroxine of unknown dosages. There was no rationale or Request for Authorization in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicyclomine 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

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: Rxlist.com.

Decision rationale: The request for Dicyclomine 20 mg #90 is not medically necessary. Rxlist.com reveals Dicyclomine is an anticholinergic/antispasmodic used to treat certain types of intestinal problems, including irritable bowel syndrome. It helps to reduce the symptoms of stomach and intestinal cramping. This medication works by slowing the natural movements of the gut and by relaxing the muscles in the stomach and intestines. Side effects include dizziness, drowsiness, blurred vision, dry mouth, nausea, constipation, and abdominal bloating. The injured worker already reported symptoms of dizziness, lightheadedness, blurred vision, dry mouth, nausea, and constipation. Additionally, the request for Dicyclomine did not include frequency of administration. Therefore, this request for Dicyclomine 20 mg #90 is not medically necessary.

Urine toxicology test: 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 Guidelines for clinical care:Managing chronic -terminal pain ,page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Urine toxicology test is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. The urine drug screen included in the submitted documentation revealed that there was no aberrant drug taking behavior by this worker and no inconsistent results with her taking Tramadol or Hydrocodone. Moreover, the request did not specify what medications were to be tested for in the requested drug screen. The clinical information submitted failed to meet the evidence-based guidelines for urine drug screen. Therefore, this request for Urine toxicology test is not medically necessary.