

<b>Case Number:</b>	CM14-0073108		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This 41 year old patient had a date of injury on 10/31/2005. The mechanism of injury was not noted. In a progress noted dated 4/8/2014, subjective findings included headaches and dizzy spells migraines. On a physical exam dated 4/8/2014, objective findings included no significant findings. Diagnostic impression shows GERD, Hypertension, Status post Gastric Bypass Surgery in 2007 and Constipation. Treatment to date: Medication Therapy, Behavioral Modification, Gastric Bypass Surgery. A UR decision dated 4/17/2014 denied the request for Iron Sulfate 325, Multivitamin #30, Citrucel, stating that there is insufficient information to establish need for these medications. There are no serial lab studies establishing iron or vitamin deficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Iron Sulfate 325 mg:** 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 Other Medical Treatment Guideline or Medical Evidence: FDA Ferrous Sulfate.

**Decision rationale:** CA MTUS and Official Disability Guidelines do not apply. The FDA states that Ferrous Sulfate is used to treat iron deficiency anemia (a lack of red blood cells caused by having too little iron in the body). In a progress report dated 4/8/2014, it was noted that lab tests were not completed. It was unclear from the reports reviewed whether the patient objectively suffered from iron deficiency anemia. Therefore, the request for Iron Sulfate 325mg #90 is not medically necessary.

**Multivitamin daily #30:** 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 Other Medical Treatment Guideline or Medical Evidence: FDA Multivitamins.

**Decision rationale:** CA MTUS and Official Disability Guidelines do not address this issue. The FDA states that Multivitamins are used to provide vitamins that are not taken in through the diet. Multivitamins are also used to treat vitamin deficiencies (lack of vitamins) caused by illness, pregnancy, poor nutrition, digestive disorders, and many other conditions. In a progress report dated 4/7/2014, it was noted that lab tests were not done. It was unclear if the patient suffered from vitamin deficiency. Therefore, the request for Multivitamin #30 is not medically necessary.

**Citrucel:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: FDA (Citrucel).

**Decision rationale:** CA MTUS and Official Disability Guidelines do not address this issue. The FDA states that Methylcellulose helps relieve constipation and to maintain regularity. In a progress note dated 4/8/2014, the patient is diagnosed with constipation, and no other laxative was found to be in the treatment regimen, from the reports reviewed. Therefore, the request for Citrucel #180 is medically necessary.