

<b>Case Number:</b>	CM14-0098026		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/27/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Texas. 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 52 year old female injured on 12/27/08 when tripped and fell as she was entering an elevator resulting in injury to the neck, left shoulder, low back, and right foot. Prior treatments included physical therapy, medication management, diagnostic evaluation, orthopedic boot, and home exercise program. Diagnosis included cervical spine disc disease, cervical radiculopathy, left shoulder impingement syndrome, status post left shoulder arthroscopy bilateral carpal tunnel syndrome, lumbar spine disc disease, lumbar radiculopathy, right foot internal derangement, insomnia, gastroesophageal reflux disease, and facet arthropathy at L3 through S1 bilaterally. Clinical note dated 06/04/14 indicated the injured worker presented complaining of intermittent neck pain radiating to bilateral upper extremities, mid back pain, low back pain radiating bilateral lower extremities with associating numbness and tingling, and left shoulder pain with associated numbness and tingling and limited range of motion. The injured worker also complained of right ankle and heel pain with associated numbness and tingling and anxiety, depression, stress, and insomnia. The injured worker rated pain 6-8/10 dependent on location. Physical examination of the cervical spine revealed positive Spurling and Hoffman tests on the left and negative on the right, cervical compression test positive bilaterally, sensory examination diminished over the left C6 and C7 dermatomes in upper extremities, and deep tendon reflexes 1+ at the brachioradialis and triceps on the left. Clinical note dated 04/23/14 indicated the injured worker presented reporting side effect of constipation with current medication use. Treatment plan included ongoing psychological therapy, ongoing weight loss, and prescription for refills of Norco and Flurbiprofen. The initial request for Simethicone 80mg #60 was non-certified on 06/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simethicone 80mg, qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized. However, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. As such, the request for Simethicone 80mg, qty 60 cannot be considered as medically necessary.