

<b>Case Number:</b>	CM14-0126650		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 72-year-old male with a date of injury on 07/20/2006. The mechanism of injury was he lost his balance and fell. His diagnoses included abdominal pain, reflux, constipation, hemorrhoids, and orthopedic diagnosis. His past treatments included x-rays, physical therapy, and medication, although the x-ray dates and results were not reported. His current medications include hydrocodone, lisinopril, simvastatin, omeprazole, Advair inhalant, albuterol inhalant, and Preparation H. Surgical history was not indicated. On 06/10/2014, the injured worker complained of gastritis and constipation. Upon physical examination, it was revealed that the patient is suffering from abdominal pain, with objective findings of 1+ abdominal tenderness, consistent with his subjective complaints of abdominal pain and acid reflux and constipation. The treatment plan was for labs, EKG, and an abdominal ultrasound for further evaluation. The request was for simethicone, Dexilant, and Linzess. The rationale was the reasonable medical probability that the injured worker suffers from possible gastropathy secondary to stress and the use of narcotics for pain relief. The Request for Authorization form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simethicone 60 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbl.nlm.nih.gov/pubmed/12197643>

**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: MedicineNet.com.

**Decision rationale:** The request for simethicone 60 mg #90 is not medically necessary. The CA MTUS/ACOEM and the Official Disability Guidelines do not address simethicone. Per the website, MedicineNet.com, simethicone is an antigas medication. It acts in the stomach and intestines to change the surface tension of gas bubbles, enabling their breakdown in the formation of larger bubbles. In this way, it is believed that gas can be eliminated more easily by belching or passing flatus. Simethicone relieves abdominal pain due to excessive gas in the digestive tract. According to the documentation, the injured worker did not complain of excessive gas, or there was no diagnosis of that. As submitted, the request failed to address the frequency of the medication. As such, the request for simethicone 60 mg #90 is non-certified.

**Linzess 145 mcg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbl.nlm.nih.gov/pmc/articles/pmc3638410/>

**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: Drugs.com/Linzess.

**Decision rationale:** The decision for Linzess 145 mcg #30 is not medically necessary. The CA MTUS/ACOEM and the Official Disability Guidelines do not address. Linzess, according to Drugs.com website, works by increasing the secretion of chloride in water in the intestines, which can soften stools and stimulate bowel movements. Linzess is a prescription medicine used to treat constipation or chronic bowel syndrome in adults who have constipation as the main symptoms. You should not use Linzess if you have blockage in your stomach or your intestines. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics supports the use of Linzess. However, as submitted, the request failed to address the frequency of the Linzess. As such, the request is not medically necessary.

**Dexilant 60 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Dexilant 60 mg # 30 is not medically necessary. Dexilant is a proton pump inhibitor. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. The request failed to address the frequency of the medication. As such, the request for Dexilant 60 mg is not medically necessary.