

Case Number:	CM14-0202855		
Date Assigned:	12/15/2014	Date of Injury:	04/23/1998
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain Medicine, 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 54 year-old female with the following dates of injury: March 1, 1995 to April 23, 1998; April 9, 2002 to April 9, 2003; and, April 19, 2005 to April 19, 2006. The patient's industrially related diagnoses include cumulative trauma to the neck, left shoulder, bilateral wrist, abdominal pain, acid reflux, constipation, bright red blood per rectum, rule out hemorrhoids secondary to constipation, hypertension, and sleep disorder. The injured worker underwent a cervical laminectomy and fusion in 2003, arthroscopic left shoulder surgery in 2008, and bilateral carpal tunnel release in 2010 and 2011. The disputed issues are referral to [REDACTED], upper GI series, Citrucel #120, 1-2 tablets three times daily as needed, and MiraLax, one bottle, 17g with an 8oz glass of water daily. Colace 250mg #60 was certified. A utilization review determination on 11/4/2014 had non-certified these requests. The stated rationale for the denial for referral [REDACTED] was: "Given the information received, including evidence of asymptomatic hernia seen on CT scan without documentation of patient desire for surgical correction, and no documentation of need or rationale for plastic surgery consultation, this request cannot be considered medically necessary or consistent with the guidelines noted herein." The stated rationale for the denial of upper GI series was: "Given the information received, including concurrent request and approval for gastrointestinal consultation for further guidance concerning appropriate diagnostic workup, this request cannot be considered medically necessary or consistent with the guidelines noted herein." The stated rationale for the denial of Citrucel was: "Given the information received, use of Colace and no documentation of need for, or rationale for, second anti-constipation regimen, this request cannot be considered medically necessary or consistent with the guidelines noted herein." Lastly, the stated rationale for the denial of MiraLax was: "Given the information received, including concurrent use of Colace and no documentation of need for, or rationale for, second anti-constipation regimen, this

request cannot be considered medically necessary or consistent with the guidelines noted herein." The request for Colace was certified because the request was consistent with the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to to a plastic surgeon: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for referral to a plastic surgeon, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the progress report dated 10/2/2014, the treating physician documented that the injured worker was being referred to [REDACTED] because an umbilical hernia was found on a CT scan. However, there were no positive findings on physical examination, and specifically, the abdomen was noted to be soft with normative bowel sounds. Furthermore, the treating physician did not provide any further documentation or reason to support the request for a referral to the plastic surgeon. The utilization reviewer denied the request for the same reason stating that there was no documentation of need or rationale for plastic surgery consultation. Therefore, based on the lack of documentation, medical necessity for a referral to a plastic surgeon could not be established.

Upper GI series: 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 Official Disability Guidelines (ODG) Hernia Chapter, Imaging.

Decision rationale: Regarding the request for an upper GI series, also called a barium swallow, the California MTUS does not contain criteria for this request. The Official Disability Guidelines, Hernia Chapter, states that imaging is not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. Upper GI series uses x rays and fluoroscopy to help diagnose problems of the upper GI tract. Within the documentation submitted for review, there were subjective complaints of unchanged abdominal pain, acid reflux, constipation, and bright red blood per rectum. However,

there were no significant findings on physical examination and no further documentation was provided regarding previous work-up for these diagnoses. Furthermore, the treating physician did not provide a rationale as to why the upper GI series was requested. The injured worker was referred to a gastrointestinal specialist for evaluation of the abdominal complaints and the request was certified. Therefore, it is more appropriate to follow up with a GI specialist for diagnostic work-up. In light of these issues, the medical necessity for the requested upper GI series could not be established.

Citrucel #120, 1-2 tablets three times daily as needed: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for the oral bulk-forming laxative Citrucel (methylcellulose), California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation submitted for review, there were subjective complaints of abdominal pain, constipation, and bright red blood per rectum. The documentation indicates that the injured worker was prescribed Miralax, Colace, and Citrucel for the management of constipation. However, there is no statement indicating whether the injured worker has tried adequate hydration, well-balanced diet rich in fiber, and activity to reduce the complaints of constipation. Additionally, there was no documentation indicating that the injured worker has responded to Citrucel since constipation was noted to be unchanged. Lastly, the treating physician did not provide a rationale as to why the injured worker required three different agents (Miralax, Colace, and Citrucel) to treat the constipation. In the absence of such documentation, the medical necessity for the requested Citrucel #120 could not be established.

MiraLax, one bottle, 17g with an 8oz glass of water daily, as needed: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for the oral laxative MiraLax (polyethylene glycol 3350), the California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter

medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation submitted for review, there were subjective complaints of GI issues including constipation and the patient was prescribed MiraLax, Colace, and Citrucel. The documentation indicates that the injured worker was previously prescribed Miralax but in the most recent process report dated 10/2/2014, constipation is noted to be unchanged. There is no indication that the injured worker has responded to the treatment with Miralax. Lastly, there is no rationale as to why three different medications are prescribed for the management of constipation with documented improvement. In light of these issues, the requested MiraLax is not medically necessary.

Colace 250mg #60: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for the oral stool softener Colace (Docusate), the California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation submitted for review, there were subjective complaints of constipation and patient was prescribed Colace. Colace as this is an over-the-counter medication recommended for the management of constipation. Therefore, the requested Colace is medically necessary.