

Case Number:	CM15-0016758		
Date Assigned:	02/05/2015	Date of Injury:	08/01/2012
Decision Date:	12/16/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old female, who sustained an industrial injury on 08-01-2012. She has reported injury to the arms, shoulders, wrists, knees, and low back. The diagnoses have included GERD (gastrointestinal esophageal reflux disease); abdominal pain syndrome; and major depressive disorder. Treatments have included medications, diagnostics, activity modification, bracing, and physical therapy. Medications have included Naproxen, Tramadol, Florinex, Teva, Gaviscon, Citrucel, Dulcolax, and Prilosec. A progress report from the treating provider, dated 10-29-2014, documented an evaluation with the injured worker. The injured worker reported that she presently suffers with chronic pain in her shoulders, upper back, low back, arms, wrists, hands, and knees; she continues to wear bilateral wrist braces; the Naproxen left her to suffer with secondary gastrointestinal side effects, including acid reflux, heartburn, nausea, vomiting, diarrhea, and constipation; it was discontinued, but these symptoms still are occurring; she has developed daily headaches in response to the stresses she endured while working; she has a history of frequent nosebleeds; and she continues to have impaired sleep. Objective findings included she is in no acute distress; there were maculopapular rashes on the wrists under the area where she had been wearing elastic wrist supports; the abdomen was massively obese; bowel sounds were active; epigastric tenderness to palpation; and there were multiple muscle tender spots noted in both the upper and lower extremities. The treatment plan has included the request for Gaviscon 1 bottle, take as needed; Citrucel #120; Colace 100mg #30; Simethicone 80mg #90; Probiotics #60; Bentyl 20mg #120; and Theramine #60. The original utilization review, dated 01-07-2015, non-certified the request for Gaviscon 1 bottle, take as needed; Citrucel #120; Colace 100mg #30; Simethicone 80mg #90; Probiotics #60; Bentyl 20mg #120; and Theramine #60. Notes indicate that ranitidine was recently recommended for authorization. Additionally, notes indicate that the patient is currently using omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon 1 bottle, take as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.drugs.com/mtm/gaviscon-extra-strength.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Gaviscon 1 bottle, take as needed, ACOEM, California MTUS, and ODG do not contain criteria for the use of antacids. California MTUS states that patients with reflux symptoms or risk of developing gastric complications from NSAIDs should be placed on proton pump inhibitor medications. Within the documentation available for review, it appears that ranitidine was recently approved and the patient has been prescribed omeprazole. There is no statement indicating how the patient has responded to these medications, and identifying a need for additional medication to address the patient's current complaints. Furthermore, it is unclear how Gaviscon would be likely to improve the patient's symptoms above and beyond a proton pump inhibitor and H2 blocker. In the absence of clarity regarding those issues, the currently requested Gaviscon 1 bottle, take as needed is not medically necessary.

Citrucel #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.drugs.com/mtm/citrucel.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Citrucel #120, 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 available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Citrucel. Furthermore, it is unclear what the cause of any constipation complaints might be, or whether adequate workup has been attempted to identify the underlying etiology of the symptoms. In the absence of such documentation, the currently requested Citrucel #120 is not medically necessary.

Colace 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.drugs.com/pro/docusate-sodium.html> and on the Non-MTUS website, <http://www.pdr.net/durg-summary/Colace-capsules?druglabelid=1023&id=4#3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace, 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 available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Colace. In the absence of such documentation, the currently requested Colace is not medically necessary.

Simethicone 80mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.drugs.com/ppa.simethicone.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Simethicone 80mg #90, California MTUS and ODG do not contain criteria regarding gas 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 available for review, there are no recent subjective complaints of gas. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Simethicone. Furthermore, it is unclear what the cause of any gas complaints might be, or whether adequate workup has been attempted to identify the underlying etiology of the symptoms. In the absence of such documentation, the currently requested Simethicone is not medically necessary.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines, <http://www.ncbi.nlm.nih.gov/pubmed/18181732>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18181732>.

Decision rationale: Regarding the request for probiotics, California MTUS, ACOEM, and ODG do not contain criteria for this request. The National Library of Medicine contains criteria indicating that probiotics are indicated for the treatment of acute diarrhea, antibiotic induced diarrhea, and prevention of cow milk induced food allergy. Within the documentation available for review, there is no indication that the patient has any of these diagnoses. The absence of such documentation, the currently requested probiotics are not medically necessary.

Bentyl 20mg #120: 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 <http://www.rxlist.com/bentyl-drug.htm>.

Decision rationale: Regarding the request for Bentyl 20mg #120, California MTUS, ACOEM, and ODG do not contain criteria for this request. Online resources indicate that Bentyl is indicated for the treatment of irritable bowel syndrome. Within the documentation available for review, there is no indication that the patient has this diagnosis. The absence of such documentation, the currently requested Bentyl 20mg #120 are not medically necessary.

Theramine #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Theramine.

Decision rationale: Regarding the request for Theramine, California MTUS and ACOEM Guidelines do not contain criteria for the use of medical foods. ODG states Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As such, the currently requested Theramine is not medically necessary.