

<b>Case Number:</b>	CM15-0136414		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on March 14, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having gastroesophageal reflux disease secondary to NSAIDs, irritable bowel syndrome, moderate to severe gastritis, status-post H. pylori treatment and constipation secondary to opiates. Treatment to date has included laboratory studies and medication. Currently, the injured worker complained of improved bloating and no change with acid reflux, abdominal pain, constipation and diarrhea. He noted less blood in stool and less irritable bowel syndrome. The treatment plan included medications, diagnostic studies and laboratory evaluation. On June 15, 2015, Utilization Review non-certified the request for Citrucel #120 zero refills, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citrucel #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.drugs.com/cdi/citrucel.html>.

**Decision rationale:** Pursuant to drugs.com, Citrucel #120 with two refills is not medically necessary. Citrucel is a bulk-forming laxative. It works by absorbing water and swelling in the intestines. This helps the stool form the bulk necessary to be easily passed. In this case, the injured workers working diagnoses are constipation, secondary to opiates; Gerd; irritable bowel syndrome; obstructive sleep apnea CPAP; moderate to severe gastritis; and status post H. pylori. The date of injury is March 14 2003. Request for authorization is June 5, 2015. A progress note dated February 25, 2015 shows the worker was using Citrucel at that time. Subjectively, there was improving bloating with no change in abdominal pain and constipation. Objectively, the abdominal examination was unremarkable with a soft and non-tender abdomen. Treating provider states the injured worker had constipation secondary to opiates. The current list of medications did not include opiate treatment. There is no clinical indication or rationale for a bulk-forming laxative. There is no causal relationship for the injured worker symptoms of abdominal pain, constipation and diarrhea (irritable bowel syndrome), Citrucel use and the industrial injury. Consequently, absent clinical documentation with a clinical indication and rationale for a bulk forming laxative for irritable bowel syndrome, a causal relationship between irritable bowel syndrome and the industrial injury and a normal physical examination with non-opiate induced constipation (injured worker is not on opiates), Citrucel #120 with two refills is not medically necessary.