

Case Number:	CM15-0139558		
Date Assigned:	07/22/2015	Date of Injury:	04/11/2005
Decision Date:	09/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/17/2015

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: Family Practice

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 55 year old female who sustained an industrial injury on 04/11/2005. According to a progress report dated 05/22/2015, the injured worker reported that her irritable bowel syndrome was "killing" her. More hemorrhoids were forming. The only thing that stayed inside of her was bread. She reported that she could not come out of the bathroom. The injured worker was to undergo bilateral carpal tunnel surgery and finger release surgery. Psoriasis was getting worse despite her laser treatment twice a week. She underwent a cardiac stress test but still didn't know the results. She never received Lorazepam or Tylenol #3. There were no serious adverse reactions from medication. Water intake was good. Pain levels continued to fluctuate a great deal as do the headaches. She had no angina, palpitations or syncope. She still tried to be as active as possible. Diagnoses included hypertension, type 2 diabetes mellitus with probable bilateral foot neuropathy, irritable bowel syndrome diarrhea-predominant (type-D) severe, gastroesophageal reflux disease, dyspepsia, chronic pain state, migraine headaches, depression with anxiety, marked obesity, dyslipidemia, insomnia with excessive daytime sleepiness, asthma, dermatitis seborrheic on scalp, anxiety induced teeth damage (grinding, jaw clenching), stress- induced hair loss and psoriasis stress aggravated. Authorization was being requested a colonoscopy because of intractable diarrhea. Medications listed under the treatment plan included Trulicity, enteric coated aspirin, Butrans patch, Tigan, Frova, Proctosol HC, Clotrimazole and Betamethasone Dipropionate cream, Lidocaine patch, Lidocaine ointment, Ventolin HFA, Hydrocortisone cream, Gabapentin, Freestyle Lite test strips, Metformin ER Tesselon, Lansoprazole, Clindamycin gel, Clindamycin pad, Acidophilus, Advair, Celebrex,

Invokana, Spironolactone, Singulair, Atorvastatin, Metoprolol, Claritin, Levothyroxine, Proair HFA, Triamterene/HCTZ, Depends adult diapers, Losartan and Fluconazole 200 mg 1 tab as needed every other week. The injured worker was unable to work. An authorization request dated 06/04/2015 was submitted for review. The requested services included Xifaxan 200 mg 1 tab three times a day #42 for treatment of industrial irritable bowel syndrome with the notation to see attached PR2 dated 05/22/2015. Diagnosis included irritable bowel syndrome- diarrhea. Currently under review is the request for Fluconazole 200 mg #15 and Xifaxan 200 mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluconazole 200mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010316/?report=details>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Fluconazole: Drug Information Source: www.uptodate.com.

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the use of Xifaxan as an antibiotic. The reference source Up-To-Date is therefore used to provide information on the use of this medication. Xifaxan is used for the treatment of the following conditions: hepatic encephalopathy, irritable bowel syndrome with diarrhea and traveler's diarrhea. The medical records suggest that the use of Xifaxan is being used to treat this patient's irritable bowel syndrome. The reference source Up-To-Date describes the rationale for the use of antibiotics such as Xifaxan for patients with irritable bowel syndrome. It states the following: "While antibiotics should not be routinely recommended in all patients with irritable bowel syndrome, in patients with moderate to severe IBS without constipation, who have failed to respond to other therapies (e.g. a diet low in fermentable oligo, di and monosaccharides and polyols, antispasmodics and TCAs (tricyclic antidepressants), we suggest a two-week trial of Xifaxan." The regimen that is recommended is: 550 mg three times a day for 14 days. In this case, there is insufficient documentation that the patient has received adequate trials of dietary therapy, antispasmodics and TCAs. Further, the prescribed regimen of Xifaxan 200 mg #42 is not consistent with the above cited recommendations. There is no explanation provided to justify the dose variation. Given the lack of documentation that the patient has received adequate trials of dietary therapy, antispasmodics and TCAs, the request for Xifaxan is not medically necessary.

Xifaxan 200mg #42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011995/?report=details>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Xifaxan (rifaximin)Source: www.uptodate.comUp-To-Date:Treatment of Irritable Bowel Syndrome in Adults. Arnold Wald, MD.Source: www.uptodate.com.

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the use of Xifaxan; an antibiotic. The reference source Up-To-Date is therefore used to provide information on the use of this medication. Xifaxan is used for the treatment of the following conditions: hepatic encephalopathy, irritable bowel syndrome with diarrhea and traveler's diarrhea. The medical records suggest that the use of Xifaxan is being used to treat this patient's irritable bowel syndrome. The reference source Up-To-Date describes the rationale for the use of antibiotics such as Xifaxan for patient's with irritable bowel syndrome. It states the following:"While antibiotics should not be routinely recommended in all patients with irritable bowel syndrome, in patients with moderate to severe IBS without constipation, who have failed to respond to other therapies (e.g. a diet low in fermentable oligo, di and monosaccharides and polyols, antispasmodics and TCAs (tricyclic antidepressants), we suggest a two-week trial of Xifaxan." The regimen that is recommended is: 550 mg three times a day for 14 days. In this case, there is insufficient documentation that the patient has received adequate trials of dietary therapy, antispasmodics and TCAs. Further, the prescribed regimen of Xifaxan 200 mg #42 is not consistent with the above cited recommendations. There is no explanation provided to justify the dose variation. Given the lack of documentation that the patient has received adequate trials of dietary therapy, antispasmodics and TCAs, the request for Xifaxan is not considered as medically necessary.