MAXIMUS Federal Services

Case Number:	CM15-0165673		
Date Assigned:	09/03/2015	Date of Injury:	03/24/2004
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, 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 62 year old female with an industrial injury dated 03-24-2004. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical strain, left hand strain, left thumb trigger thumb, left wrist strain, bilateral upper extremity overuse syndrome, bilateral elbow epicondylitis, positive bilateral carpal tunnel syndrome, right greater than left, positive cubital tunnel syndrome on the left, and osteophyte at C4-5 and C5-6 with right neural foraminal narrowing. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Medical records indicate ongoing cervical spine and bilateral wrist pain. In a progress note dated 03-18-2015, the injured worker reported that she continues to suffer from abdominal pain, acid reflux, intermittent diarrhea and constipation, which she attributed to the prescribed medications. In a progress note dated 05-13-2015, the injured worker reported cervical and bilateral wrist pain, rated a 10 out 10. The injured worker reported that the pain is worsening due to work duties and prolonged sitting and typing. The injured worker also reported radiating neck pain in the bilateral shoulders. The pain is improved with rest and medication. The pain increases with work and activities. Objective findings (05-13-2015) revealed tenderness and hypertonicity over the suboccipital muscles and cervical paravertebral muscles bilaterally, positive cervical compression on the right and positive bilateral shoulder depression test. Bilateral elbow exam revealed decrease range of motion on the left, tenderness and hypertonicity over the biceps and lateral epicondyle bilaterally and medial epicondyle on the left. Bilateral wrist exam revealed decrease range of motion, tenderness over the dorsal carpals bilaterally, positive Tinel's median nerve test on the left. Phalen's and

Finklestein's test were both positive on exam. Bilateral thumbs revealed decrease range of motion. Record indicates that the work status was unchanged which is to continue working unrestricted. The treatment plan consisted of medication management. The treating physician prescribed retrospective Amitiza 8mcg quantity 60, date of service (DOS) 5-27-15, retrospective Floranex tablets quantity 60 DOS 5-27-15 and retrospective Dexilant capsules quantity 30 DOS 5-27-15, now under review. Utilization Review determination on 08-17-2015, denied the request for retrospective Amitiza 8mcg quantity 60 DOS 5-27-15, retrospective Floranex tablets quantity 60 DOS 5-27-15, and retrospective Dexilant capsules quantity 30 DOS 5-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amitiza 8mcg quantity 60, DOS 5-27-15: 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 Diagnosis and Management of IBS in Adults THAD WILKINS, MD; CHRISTA PEPITONE, MD; BIJU ALEX, MD; and ROBERT R. SCHADE, MD, Georgia Health Sciences University, Augusta, Georgia Am Fam Physician. 2012 Sep 1; 86(5): 419-426.

Decision rationale: Amitza is used for irritable bowel syndrome. In this case, the claimant does not have abdominal pain on exam or mention of any bleeding. There was no mention of colonoscopy. There was mention of diarrhea and constipation, however, quality of symptoms were not provided nor associated psychological factors. Based on the referenced literature, the claimant does not meet the criteria for irritable bowel and the Amitza is not medically necessary.

Retrospective Floranex tablets quantity 60 DOS 5-27-15: 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) Pain chapter and pg 76 and Other Medical Treatment Guidelines Diagnosis and Management of IBS in AdultsTHAD WILKINS, MD; CHRISTA PEPITONE, MD; BIJU ALEX, MD; and ROBERT R. SCHADE, MD, Georgia Health Sciences University, Augusta, Georgia Am Fam Physician. 2012 Sep 1; 86(5): 419-426.

Decision rationale: Floranex is a probiotic used to aid in diarrhea. Floranex is considered a medical food. In this case, the claimant does not have abdominal pain on exam or mention of any bleeding. There was no mention of colonoscopy. There was mention of diarrhea and constipation, however, quality of symptoms were not provided nor associated psychological factors. Based on the referenced literature, the claimant does not meet the criteria for irritable

bowel. Because there was mention of constipation as well, the Floranex may not be appropriate the use of Floranex is not medically necessary.

Retrospective Dexilant capsules quantity 30 DOS 5-27-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Dexilant is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Dexilant is not medically necessary.