

Case Number:	CM15-0183023		
Date Assigned:	10/01/2015	Date of Injury:	02/20/1990
Decision Date:	11/18/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/17/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 male who sustained an industrial injury on 2-20-1990. A review of medical records indicates the injured worker is being treated for abdominal pain, acid reflux, constipation, and sleep disorder. Medical records dated 8-8-2015 noted when seen on 5-21-2015 there was unchanged abdominal pain, acid reflux, constipation, and sleep quality. Physical examination noted abdomen was soft with normoactive bowel sounds. Treatment has included Nexium, Gaviscon, Citrucel, and Colace since at least 5-12-2015. Utilization review form dated 8-13-2015 noncertified upper GI series, GI consultation, body composition study, Nexium 40mg #30, Gaviscon 1 bottle, Colace 100mg #60, Simethicone 80mg #80, and probiotics one #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this upper GI series. 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 and constipation. However, there were no significant findings on physical examination and no further documentation was provided regarding previous work-up for these diagnoses. Therefore, based on the submitted medical documentation, the request for an upper GI series is not medically necessary.

GI Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a GI consultation for this patient. The clinical records submitted do support the fact that this patient has been documented to have recent gastrointestinal disease requiring consultation. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have any recent evidence of GI dysfunction, including chronic abdominal pain, GERD and constipation. Multiple medications have failed to alleviate the patient's pain and or diagnose the conditions being studied. Therefore, based on the submitted medical documentation, the request for GI consultation is medically necessary.

Body composition study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference: Obesity Education Initiative: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute, Obesity Research 1998, 6 Suppl 2:51S-209S, Updated for the American Heart Association, 2015.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS guidelines, the Official Disability Guidelines (ODG) and the ACOEM Guidelines do not address this topic. Therefore, outside sources were sought. According to the American Heart Association, body composition testing can include a multitude of tests. Waist circumference and body mass index (BMI) are indirect ways to assess your body composition. Waist-to-hip ratio (WHR) is another index of body fat distribution. However, WHR is less accurate than BMI or waist circumference and is no longer recommended. The indication for this test is unclear. The medical records provide no justification for the reason this test was ordered. The test is not a recommended routine screening test. Therefore, based on the submitted medical documentation, medical necessity for body composition testing has not been established. The request is not medically necessary.

Nexium 40mg #30: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has GERD. However, the patient has no documentation of why chronic PPI therapy is necessary. His GERD is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Since long term PPI therapy can result in atrophic gastritis, GI consultation is recommended to treat the underlying cause prior to long term therapy. Therefore, based on the submitted medical documentation, the request for Nexium prescription is not medically necessary.

Gaviscon, 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines and Indications for

Gaviscon http://www.accessdata.fda.gov/scripts/cder/ob/docs/obdetail.cfm?Appl_No=018685&TABLE1=OB_OTC.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of antacid medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, antacids are used for the short term treatment of heartburn and flatulence. Use of a long term antacid is not supported with this patient's diagnoses of chronic abdominal pain and constipation. Therefore, based on the submitted medical documentation, the request for Gaviscon is not-medically necessary.

Colace 100mg 2x daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/colace.html> Colace Product Information.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of chronic constipation and abdominal pain. In addition, there is documentation of ongoing treatment with Colace. However, there is no documentation of improvement of constipation as a result of Colace. Hence, continued use of the medication is not indicated. Therefore, based on the submitted medical documentation, the request for colace is not medically necessary.

Simethicone 80mg 2x daily #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicinenet.com/simethicone/article.htm> Simethicone Medical History.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM guidelines and the

Official Disability Guidelines do not address simethicone. Per the website, MedicineNet.com, simethicone is an antigas medication. It acts in the stomach and intestines to change the surface tension of gas bubbles, enabling their breakdown in the formation of larger bubbles. In this way, it is believed that gas can be eliminated more easily by belching or passing flatus. Simethicone relieves abdominal pain due to excessive gas in the digestive tract. According to the documentation, the injured worker did not complain of excessive gas, or there was no diagnosis of that. Therefore, based on the submitted medical documentation, the request for simethicone testing is not medically necessary.

Probiotics 2x daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Effect of Probiotics on Gut Microbiota during the Helicobacter pylori Eradication: Randomized Controlled Trial. Oh B, Kim BS, Kim JW, Kim JS, Koh SJ, Kim BG, Lee KL, Chun J. Helicobacter. 2015 Sep 23.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of probiotic medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, probiotics are used for the short term treatment of diminished gastrointestinal flora. This patient has a history of chronic abdominal pain, GERD and sleep disorder. Use of an probiotic is not supported for this patient's since he has no evidence of diminished bowel flora. Therefore, based on the submitted medical documentation, the request for probiotic is not-medically necessary.