

Case Number:	CM15-0186565		
Date Assigned:	09/29/2015	Date of Injury:	12/05/2012
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on 12-05-2012. Current diagnoses include gastropathy secondary to medication use, irritable bowel syndrome diarrhea induced, and rule out cholelithiasis and ortho condition. Report dated 09-01-2015 noted that the injured worker presented for follow up, has been following food map diet, complaint of lumbar spine pain, stiffness, and leg pain. Physical examination performed on 09-01-2015 revealed blood pressure 128 over 86, weight-249, heart-normal sinus rhythm, lungs-clear, and the remainder of the exam was hard to decipher. Previous treatments included medications. The treatment plan included reviewing medications, VSL, and Xifaxan. The utilization review dated 09-10-2015, non-certified the request for Xifaxan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xifaxan 550mg, TID for 14-days, #42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/21208106].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association Institute guideline on pharmacological management of irritable bowel syndrome. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: Xifaxan (rifaximin) is an antibiotic that fights bacterial infection only in the intestines. The MTUS Guidelines do not address the use of rifaximin. The National Guidelines Clearinghouse recommends the use of rifaximin (over no drug treatment) in patients with IBS-D. The injured worker is reported to have an industrial injury to his back. His diagnoses include gastrophathy secondary to medication use, however, there is no indication that his irritable bowel syndrome diarrhea induced is related to his industrial injury. Medical necessity of this request has not been established. The request for Xifaxan 550mg, TID for 14-days, #42 is not medically necessary.