MAXIMUS Federal Services

Case Number:	CM15-0190901		
Date Assigned:	10/05/2015	Date of Injury:	02/23/2009
Decision Date:	12/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 44 year old female who sustained an industrial injury on 2-23-09. A review of the medical records indicates she is undergoing treatment for type II diabetes mellitus, gastroesophageal reflux disease, hemorrhoids, constipation, degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy, headaches, and major depressive disorder. Medical records (12-6-12 to 7-30-15) indicate a history of "gastrointestinal symptoms" (9-10-14). On 7-30-15, the physical exam indicates the presence of heartburn and constipation. No nausea, vomiting, or diarrhea is noted. The injured worker underwent a colonoscopy due to "chronic diarrhea" on 12-6-12. No abnormal findings were noted. The 9-10-14 progress record indicates that her "gastrointestinal symptoms are fairly well controlled on her current regimen of Nexium 40mg per day, a high fiber diet, and Metamucil". She was also noted to be receiving Anusol suppositories and Zofran for nausea as needed. Her current (7-30-15) medications include Anaprox, Neurontin, Zofran 8mg once daily, Topamax, and Cambia. The utilization review (8-27-15) includes requests for authorization for Milk of Magnesia 2 tbsp. in the evening, Sani-Supp adult suppository #25, Proctosol HC 2.5% cream - apply rectally twice daily #28.35, Esomeprazole Mag DR 20mg, 1 capsule at breakfast #30, Fiber therapy powder, 1 tbsp. in water daily #454, Ketopro 20%-Lid5%-Cycl1% - apply to affected area three times daily as needed #60, Gaviscon 80-14.2mg, chew and swallow 1tbsp. after meals as needed #100, and Miralax, 1 capful in water twice daily. All medication requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Milk of magnesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The national library of medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.nlm.nih.gov/medlineplus/druginfo/meds/a601073.html.

Decision rationale: Ca MTUS and ODG are silent on this topic. The above reference guidelines states "Magnesium hydroxide is used on a short-term basis to treat constipation." Reports support in 2012 the IW had a colonoscopy because of chronic diarrhea. There is little documentation in the record to support a diagnoses of constipation. There are no abdominal examinations documented. The recommendation is for short-term use. The current request does not include frequency of dosing. Without the support of the guidelines, the request for Milk of Magnesia is determined not medically necessary.

Sani-supp adult suppository #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The national library of medicine.

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

Decision rationale: Ca MTUS and ODG are silent on this topic. The above reference guidelines states glycerin suppositories are use for "relieving occasional constipation. It may also be used for other conditions as determined by your doctor. Glycerin suppositories are a hyperosmotic laxative. It works by irritating the lining of the intestine and increasing the amount of fluid, making it easier for stools to pass." Reports support in 2012 the IW had a colonoscopy because of chronic diarrhea. There is little documentation in the record to support a diagnoses of constipation. There are no abdominal examinations documented. The recommendation is for short-term use. The current request does not include frequency of dosing. Without the support of the guidelines, the request for sani-supp adult suppository is determined not medically necessary.

Proctosol-HC 2.5% cream QTY 28.35: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The national library of medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/mtm/proctosol-hc-cream-ointment-suppository.html.

Decision rationale: Ca MTUS and ODG are silent on this topic. The above referenced site states, "Hydrocortisone rectal is used to treat itching or swelling caused by hemorrhoids or other inflammatory conditions of the rectum or anus. Hydrocortisone rectal is also used together with other medications to treat ulcerative colitis, proctitis, and other inflammatory conditions of the lower intestines and rectal area." The documentation support in 2012 the IW had a colonoscopy because of chronic diarrhea. There is little documentation in the record to support a diagnoses of constipation. This report does not reveal finding of hemorrhoids. Since this time, there are no abdominal or rectal examinations documented. There is no discussion of bowel habits or report of documentation of hemorrhoid. The current request does not include frequency of dosing. Without the support of the guidelines, the request for Proctosol-HC is determined not medically necessary.

Esomeprazole mag dr 20mg QTY 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, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are no recent abdominal examinations noted in the chart. Esomeprazole is not medically necessary based on the MTUS.

Fiber therapy powder QTY 454: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/mtm/natural-fiber-therapy.html.

Decision rationale: Ca MTUS and ODG are silent on this topic. The above reference guideline states "Psyllium is a bulk-forming fiber laxative. Psyllium works by absorbing liquid and swelling in the intestines to create a softer, bulky stool that is easier to pass. Psyllium is used to treat occasional constipation or bowel irregularity. Psyllium may also help lower cholesterol when used together with a diet low in cholesterol and saturated fat." Reports support in 2012 the IW had a colonoscopy because of chronic diarrhea. There is little documentation in the record to support a diagnoses of constipation. There are no abdominal examinations documented. The recommendation is for short-term use. The current request does not include frequency of dosing. Without the support of the guidelines, the request for fiber therapy is determined

not medically necessary.

Ketopro 20%, LID 5%, Cycl 1%, QTY 60: 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): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." According to these guidelines, Ketoprofen is not currently FDA approved for topical application. This medication is known to have high incidence of photo-contact dermatitis. As this medication is not supported by the guidelines or FDA approved, the request is determined not medically necessary.

Gaviscon 80-14.2mg QTY 100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/gaviscon-2.html.

Decision rationale: Ca MTUS and ODG are silent on this topic. This medication is used in the treatment of acid indigestion, heartburn, and sour stomach. There is little documentation in the record to support a diagnoses of indigestion or stomach acid. There are no recent abdominal examinations documented in the record. There is no discussion of the IW abdominal discomfort or signs and symptoms of abdominal symptoms. The request does not include dosing or frequency. Without the support of the guidelines, the request is determined not medically necessary.

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The national library of medicine.

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

Decision rationale: Ca MTUS and ODG are silent on this topic. MiraLax (polyethylene glycol 3350) is a laxative solution that increases the amount of water in the intestinal tract to stimulate bowel movements. MiraLax is used as a laxative to treat occasional constipation or irregular bowel movements. Reports support in 2012 the IW had a colonoscopy because of chronic diarrhea. There is little documentation in the record to support a diagnoses of constipation. There are no abdominal examinations documented. The recommendation is for short-term use. The current request does not include frequency of dosing. Without the support of the guidelines, the request for fiber therapy is determined not medically necessary.