

<b>Case Number:</b>	CM15-0193353		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 51 year old male who sustained an industrial injury 08-20-08. A review of the medical records reveals the injured worker is undergoing treatment for cerebral concussion with loss of consciousness and headaches, left facial contusion, craniocervical trauma, cervical spine strain, post-traumatic vertigo, post-traumatic stress disorder, manor depressive disorder with psychotic features, generalized anxiety disorder, anxiety, cognitive disorder, abdominal pain consistent with post-traumatic irritable bowel syndrome, asymmetrical hearing loss, and gastrointestinal reflux disease. Medical records (07-28-15) reveal the injured worker states that he manages most of his personal self-care with some help. He can lift, push and pull very lightweight objects and perform extremely light to no activity for at least 2 minutes. The physical exam (07-28-15) is not documented. Prior treatment includes medications, psychiatric services, and multiple consultations with specialists. The original utilization review (09-21-15) non-certified the request for Citrucel #120, Simethicone 80mg #60, and Dexilant 60mg #30 with 2 refills. These treatments are not discussed in the latest progress notes available for review (07- 28-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: DOS: 5/18/15 Citrucel #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information for Citrucel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Opioid Induced Constipation Treatment.

**Decision rationale:** The Official Disability Guidelines comment on the treatment of opioid induced constipation. These guidelines recommend the following actions as first-line treatment: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In this case, there is insufficient documentation as to the steps taken to assess the underlying cause of the patient's constipation. Further, there is insufficient documentation that the patient was counseled to take the above-cited "first steps" to include increasing physical activity, maintaining hydration and to follow a proper diet, rich in fiber. For these reasons, adding fiber therapy with Citrucel is not medically necessary at this time.

**Retro: DOS: 5/18/15 Simethicone 80mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information for Simethicone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intestinal Gas and Bloating. Abraczinskas, D and Goldfinger SE. In Up-To-Date (accessed [www.uptodate.com](http://www.uptodate.com)).

**Decision rationale:** The MTUS and Official Disability Guidelines do not comment on the "anti-gas" medication known as simethicone. The reference source, Up-To-Date was used to address this request. The summary from this chapter states the following: That there are a variety of gastrointestinal complaints that are commonly attributed to excess gas; even though the perception is usually incorrect. When excessive gas occurs, it is usually due to excessive air swallowing. In patients who complain of excessive gas or belching, we suggest behavioral and dietary changes including avoidance of carbonated beverages, sorbitol containing food products and a diet low in fermentable sugars. Preparations such as simethicone are usually of minimal benefit and we generally do not suggest their use. There is no evidence that the patient has been given recommendations to address excessive gas to include these above cited dietary recommendations and behavioral changes. For these reasons, simethicone is not considered as medically necessary.

**Retro: DOS: 5/18/15 Dexilant 60mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information for Dexilant.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including Dexilant, as a treatment modality. In general, PPIs are used to address the risks associated with NSAID use; specifically, to decrease the chance of a significant gastrointestinal event such as a GI bleed or ulcer. These guidelines state that clinicians should weight the indications for NSAIDs against these GI risk factors. The risk factors for gastrointestinal events include the following: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there is no evidence that the patient is at risk for a GI event. The patient does not meet the age criteria. There is no history of an ulcer or a GI bleed. The patient is not on an anticoagulant or high dose multiple NSAIDs. For these reasons, Dexilant, is not medically necessary.