

Case Number:	CM15-0193630		
Date Assigned:	10/07/2015	Date of Injury:	09/14/1997
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Internal 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 68 year old female who sustained an industrial injury 09-14-97. A review of the medical records reveals the injured worker is undergoing treatment for constipation, hemorrhoids, gastroesophageal reflux disease secondary to non-steroidals, hypertension, hyperlipidemia, status post gastrointestinal bleed, status post hiatal hernia surgery, and anemia. Medical records (09-08-15) reveal the injured worker complains of unchanged left lower quadrant abdominal pain, as well as bright red blood per rectum and improved constipation, unchanged dizziness, and sharp chest pain. The physical exam (09-08-15) reveals normoactive bowel sounds, and not tenderness or distension. Prior treatment includes medications and hiatal hernia surgery. The original utilization review (09-24-15) non certified the request for a urine toxicology screen, Nexium 40mg #30 with 2 refills, Probiotics #60 with 2 refills, and Anusol HC cream 1 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for Urine Toxicology screen is not medically necessary.

Nexium 40mg daily quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Per guidelines, a trial of Omeprazole or Lansoprazole should be used before prescription Nexium therapy. Documentation shows that the injured worker is diagnosed with Gastroesophageal reflux disease, but there is lack of supporting evidence that first line drugs have been trialed and failed to establish the medical necessity for ongoing use of Nexium. With guidelines not being met, the request for Omeprazole 20mg #120 is not medically necessary.

Probiotics take twice daily quantity 60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/tc/probiotics-topic-overview>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.comwww.nlm.nih.gov/medlineplus.

Decision rationale: MTUS does not address this request. Probiotics are live, nonpathogenic bacteria sold in fermented foods or dairy products as formulations. They are available over the counter and in health food stores. Per guidelines, there is not sufficient data to recommend probiotics in the management of severe constipation. Documentation indicates that the injured worker has history of constipation, which is improved. Physician report fails to show clear clinical reason to establish the indication for the use of Probiotics. The request for Probiotics take twice daily quantity 60 with two refills is not medically necessary.

Anusol Hc Cream use as directed as needed quantity 1 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-7949-3245/anusol-hc-rect/hydrocortisonecream.ointment-rectal/details>.

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

Decision rationale: MTUS does not address this request. Anusol HC is indicated for the temporary relief of the swelling and discomfort of hemorrhoids and other rectal problems. The injured worker has history of constipation and hemorrhoids. Documentation shows that the constipation is improving and there is no documentation of current objective finding of active hemorrhoids to justify the request for Anusol HC cream. The request for Anusol Hc Cream use as directed as needed quantity 1 with two refills is not medically necessary.