

Case Number:	CM15-0205164		
Date Assigned:	10/22/2015	Date of Injury:	10/27/2011
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina

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 47 year old female, who sustained an industrial injury on 10-27-11. Medical records indicate that the injured worker is undergoing treatment for a crush injury to the right forearm and hand, causalgia upper limb and hand pain. The injured worker was noted to be permanent and stationary. On (9-2-15) the injured worker complained of right hand pain. The pain was rated 4 out of 10 with medications and 8 out of 10 without medications on the visual analogue scale. The pain was unchanged from the prior visit. The injured workers activity level had decreased. Examination of the right hand revealed a painful and restricted range of motion. Allodynia was noted over the entire hand. Temperature was also decreased over the hand. The injured worker did not note gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Treatment and evaluation to date has included medications, urine drug screen, stellate ganglion blocks (6), functional restoration program, x-rays of the right hand, physical therapy, transcutaneous electrical nerve stimulation unit, hot wax machine, home exercise program and several right hand and forearm surgeries. Current medications include Cymbalta, Norco, Lyrica, Propranolol, Lexapro, Trazodone, Levothyroxine, Simethicone (since at least July of 2015) and Docusate. The request for authorization dated 10-7-15 included Simethicone 80mg Tab Chew #30. The Utilization Review documentation dated 10-14-15 non-certified the request for the Simethicone 80mg Tab Chew #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simethicone 80 milligrams, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.