

<b>Case Number:</b>	CM15-0022695		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/18/1994
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on July 18, 1994. The diagnoses have included chronic pain syndrome, cervical and lumbar disc degeneration, shoulder pain, and knee pain. A progress note dated January 21, 2015 provided the injured worker complains of back pain and neck pain radiating to arms. She reports sleep disturbances and depression. Physical exam reveals normal gait and knee brace, neck tenderness on palpation and low back tenderness. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Refill #1 of Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Refill #2 of Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Refill #3 of Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Refill #4 of Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Refill #5 of Zantac 76 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID; switching to a different NSAID; or consideration of an H2-receptor antagonists or a PPI. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Miralax 17 g, #1 packet of 24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. It was noted that the injured worker has continuously utilized MiraLax 17 gm daily as well as docusate sodium 250 mg twice daily. The medical necessity for 2 separate stool softeners has not been established in this case. In addition, there was no evidence of a failure of first line treatment prior to the initiation of a prescription product. There was no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Refill #2 of Miralax 17 g, #1 packet of 24: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. It was noted that the injured worker has continuously utilized MiraLax 17 gm daily as well as docusate sodium 250 mg twice daily. The medical necessity for 2 separate stool softeners has not been established in this case. In addition, there was no evidence of a failure of first line treatment prior to the initiation of a prescription product. There was no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Refill #3 of Miralax 17 g, #1 packet of 24: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. It was noted that the injured worker has continuously utilized MiraLax 17 gm daily as well as docusate sodium 250 mg twice daily. The medical necessity for 2 separate stool softeners has not been established in this case. In addition, there was no evidence of a failure of first line treatment prior to the initiation of a prescription

product. There was no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Refill #4 of Miralax 17 g, #1 packet of 24: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. It was noted that the injured worker has continuously utilized MiraLax 17 gm daily as well as docusate sodium 250 mg twice daily. The medical necessity for 2 separate stool softeners has not been established in this case. In addition, there was no evidence of a failure of first line treatment prior to the initiation of a prescription product. There was no frequency listed in the request. Given the above, the request is not medically appropriate at this time.