

Case Number:	CM15-0214582		
Date Assigned:	11/04/2015	Date of Injury:	07/11/2011
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/01/2015

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 Jersey

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 54 year old male, who sustained an industrial injury on July 11, 2011. He reported abdominal pain, headaches, right knee pain, low back pain, mid back pain and some occasional discomfort. The injured worker was currently diagnosed as having cervical-trapezial musculoligamentous strain and sprain, thoracic spine musculoligamentous sprain and strain, right patellofemoral arthralgia, bilateral elbow medial and lateral epicondylitis with cubital tunnel syndrome, bilateral forearm and wrist flexor-extensor tenosynovitis with carpal tunnel syndrome, bilateral wrist DeQuervain's tenosynovitis, blurry vision, anxiety, depression, insomnia, abdominal pain, acid reflux, constipation and hypertension. Treatment to date has included diagnostic studies and medication. On August 12, 2015, the injured worker complained of ongoing abdominal pain and constipation with no change in his acid reflux symptoms. He reported bloating and improving hypertension. At the time of exam, his current medication regimen included HCTZ, Lisinopril, Amitiza, Ranitidine, Gaviscon, Simethicone, Prevacid and Clonidine. He was advised to avoid NSAIDs. On October 19, 2015, utilization review denied a request for ranitidine 150mg #30 with two refills, Gaviscon #1 bottle with two refills and Amitiza 8 mcg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150MG daily at bedtime #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 <http://www.ncbi.nlm.nih.gov/pubmed/21535446>.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or an H2-blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, it was claimed in the records that the worker's upper GI symptoms of abdominal pain was related to NSAID use, which could not be confirmed based on other provider's reviews. Currently the medication list does not include NSAIDs and the provider mentioned that he was not to use one. Therefore, it is unclear as to why the worker was using multiple antacid medications if the cause had been removed. Also, there was no report of how this medication was affecting the abdominal pain. Therefore, this request for Ranitidine, as it relates to the injury in 2011, seems inappropriate and medically unnecessary.

Gaviscon 1 tbs. after meals 3 times daily #1 bottle with 2 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 <http://www.ncbi.nlm.nih.gov/pubmed/21535446>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, aluminum hydroxide/magnesium carbonate (<http://reference.medscape.com/drug/gaviscon-extra-strength-tablets-gaviscon-extra-strength-liquid-aluminum-hydroxide-magnesium-carbonate-999661#0>).

Decision rationale: Gaviscon is an over-the-counter antacid liquid medication which contains aluminum hydroxide and magnesium carbonate in each Tbs. of liquid. In the case of this worker, it was claimed in the records that the worker's upper GI symptoms of abdominal pain was related to NSAID use, which could not be confirmed based on other provider's reviews. Currently the medication list does not include NSAIDs and the provider mentioned that he was not to use one. Therefore, it is unclear as to why the worker was using multiple antacid medications if the cause had been removed. Also, there was no report of how this medication was affecting the abdominal pain. Therefore, this request for Gaviscon, as it relates to the injury in 2011, seems inappropriate and medically unnecessary.

Amitiza 8mcg twice daily #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19236188>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, it was claimed in the records that the worker's lower GI symptoms of constipation was related to opioid use, which could not be confirmed based on other provider's reviews. Currently the medication list does not include an opioid medication. Therefore, it is unclear as to why the worker was using Amitiza considering there should not be opioid-induced constipation without an opioid. Also, there was no report of whether or not this medication was effective at treating the constipation. Also, there was no report found of having been using first-line methods for resolving constipation. Therefore, this request for Amitiza, as it relates to the injury in 2011, seems inappropriate and medically unnecessary.