

Case Number:	CM15-0218415		
Date Assigned:	11/10/2015	Date of Injury:	11/19/2001
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of November 19, 2001. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve requests for Ditropan and omeprazole. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 4, 2015 office visit, the applicant reported 9/10 pain without medications versus 3/10 pain with medications. The applicant's medications included oxycodone, Neurontin, Paxil, Prilosec, MiraLax, and Ditropan, the treating provider reported. The applicant's gastrointestinal review of system was negative for abdominal pain or heartburn, however, the treating provider acknowledged. The applicant had undergone earlier hand surgeries to include a wrist fusion and carpal tunnel release surgery and had also undergone lumbar spine surgery status post failed epidural steroid injection therapy, the treating provider reported. The note was some 10 pages long, was difficult to follow, and mingled historical issues with current issues to a considerable extent. Permanent work restrictions were renewed while smoking cessation was endorsed. A knee brace and oxycodone were likewise endorsed. The applicant was described as having unspecified issues with pelvic discomfort and hematuria. No seeming discussion of medication efficacy transpired insofar as Ditropan was concerned. On October 21, 2015, the applicant again reported ongoing issues with chronic low back and knee pain. The applicant's activity level had decreased, the treating provider acknowledged. The applicant was described as using MiraLax, Ditropan, Prilosec, Paxil, Neurontin, and oxycodone, the treating provider acknowledged. Once

again, the applicant's gastrointestinal review of systems was negative for abdominal pain or heartburn, the treating provider reported. In another section of the note, it was stated that the applicant had been given a diagnosis of Barrett's esophagitis with associated issues with reflux and bloating. The applicant had apparently been asked to employ proton pump inhibitors since that point in time, the treating provider suggested. Nucynta, Paxil, Neurontin, Prilosec, and Ditropan were seemingly renewed and/or continued. The note, as with the preceding note, was quite difficult to follow and did not incorporate any specific discussion of medication efficacy insofar as Ditropan was concerned. In a third section of the note, it was stated that the applicant had issues with indigestion imputed to ongoing OxyContin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ditropan 5mg, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/archives/fdadruginfo.cfm>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: No, the request for Ditropan was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, progress notes of September 4, 2015 and October 21, 2015 made no mention of the issue, diagnosis, purpose, and/or symptom for which Ditropan (oxybutynin) had been prescribed to treat. There was no mention of whether or not ongoing usage of Ditropan had or had not proven effective in ameliorating the same. While the Food and Drug Administration (FDA) acknowledges that Ditropan is indicated in the treatment of overactive bladder with associated symptoms of urge urinary incontinence, urgency, and/or frequency, here, however, no such symptoms were reported on the dates in question. Therefore, the request was not medically necessary.

30 capsules of Omeprazole 40mg DR, 1 refill: Overturned

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

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

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the

MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the opioid-induced dyspepsia reportedly present here. The attending provider stated on October 21, 2015 that the applicant had developed issues with oxycodone-induced dyspepsia and/or had superimposed issues with Barrett's esophagitis. Provision of omeprazole, a proton pump inhibitor, was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.