

Case Number:	CM15-0035149		
Date Assigned:	03/03/2015	Date of Injury:	09/15/2011
Decision Date:	07/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pediatrics, 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 66 year old female who sustained an industrial injury on 09/15/11. She reports improved gastrointestinal symptoms with medications. Diagnoses include gastropathy, constipation, sleep disorder, orthopedic diagnosis, and psychiatric diagnosis. Treatments to date include medications. In a progress note dated 09/12/14 the treating provider recommends GI profile, H pylori breath and stool tests, urine toxicology study, as well as an abdominal ultrasound and treatment with Gaviscon, Prilosec, Colace, Probiotics and Amitiza. On 01/22/15 Utilization Review non-certified the GI labs, citing ODG guidelines. The urine toxicology and Prilosec were non-certified, citing MTUS guidelines. The H pylori breath and stool studies, abdominal ultrasound, Gaviscon, Colace, Probiotics, and Amitiza were non-certified, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI profile labs (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard Textbooks of Medicine (eg Harrison, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: Initial diagnostic testing for chronic abdominal pain should include complete blood count with differential, electrolytes, BUN, creatinine, and glucose, calcium, aminotransferases, alkaline phosphatase, and bilirubin, lipase, ferritin and anti-tissue transglutaminase. The request was submitted for a GI profile without being specific as to what labs were to be included. This request is not medically necessary.

Urine toxicology screen (next visit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.medicinenet.com and www.emedicine.medscape.com/article/176938-followup.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management Page(s): 89.

Decision rationale: According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. No pain management agreement was submitted stating urinalysis was required and there was no notation of irregular behavior suggesting abuse. This request is not medically necessary and appropriate.

H Pylori stool test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.webmd.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Treatment regimens for Helicobacter pylori.

Decision rationale: Eradication should be confirmed in the following situations, patients who have persistent symptoms after H. pylori treatment for dyspepsia, patients who had an H. pylori associated ulcer, patients who had gastric mucosa associated lymphoid tissue (MALT) lymphoma and patients who had resection for early gastric cancer. Eradication may be confirmed by a urea breath test, fecal antigen test, or upper endoscopy performed four weeks or more after completion of therapy. The documentation notes that the IW was improved after treatment, there was no documentation of ulcers, MALT or gastric cancer. The request is not medically necessary.

Abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anouk M Speetsa, Arno W Hoesb, Yolanda van der Graafb, Sandra Kalmijnb, Niek J de Witb, Alexander D Montauban vsn Swijndregtc, Jan Willem C Gratamad, Matthieu JCM Ruttene and Willem PThM Malia (<http://tabpra.oxfordjournals.org/cgi/content/full/23/5/507>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Diagnostic approach to abdominal pain in adults.

Decision rationale: According to the documentation, the IW had reflux symptoms and nonspecific abdominal pain that were improved with treatment of H. pylori. There were no concerning findings on exam nor were there any red flags noted that would warrant imaging. The request is not medically necessary.

Prilosec 20 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 NSAID s, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI bleeding or perforation and no documentation of an ulcer and the IW is no longer on NSAID's. This request is not medically necessary or appropriate.

Gaviscon, one bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI bleeding or perforation and no documentation of an

ulcer and the IW is no longer on NSAID's. The recommendations are to place the IW on a PPI rather than an antacid. This request is not medically necessary or appropriate.

Colace 100 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment.

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate

Probiotics, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.webmd.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Probiotics for gastrointestinal diseases.

Decision rationale: Several probiotic preparations have promise in preventing or treating various conditions. However, most studies have been small, and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. There are no preparations that are FDA approved and most are not reimbursed by insurers. Enthusiasm for probiotics has outpaced the scientific evidence. Large, well-designed multicenter controlled clinical trials are needed to clarify the role of specific probiotics in different well-defined patient populations. This request is not medically necessary.

Amitiza 8 mcg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation uptodate.com - Lubiprostone.

Decision rationale: Amitiza is FDA approved for treatment of chronic idiopathic constipation, irritable bowel syndrome with constipation, and opioid-induced constipation. The documentation states that the IW had a diagnosis of gastropathy status post treatment for H. pylori. This request is not medically necessary.