

Case Number:	CM15-0036813		
Date Assigned:	04/08/2015	Date of Injury:	08/06/2008
Decision Date:	05/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania

Certification(s)/Specialty: 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 53 year old male who sustained an industrial injury on 8/6/08 when he crashed a ladder with electrical cables sending electrical shocks through his body. Diagnoses include cervical, thoracic, and lumbar spine pain, depression, anxiety, insomnia, stomach problems, and epileptic seizures. He reported complaints of back pain radiating to arms and legs. The pain intensity is 9/10. He has decreased range of motion in cervical, thoracic and lumbar spine regions with paraspinal tenderness to palpation. The treating provider noted the injured worker has stopped taking his medications per his gastroenterologist. A secondary treating physician's review of medical records dated 1/6/15 notes laboratory studies from 8/13/14 which showed a normal hemoglobin and negative serology for H. pylori. Although the associated reports were not present in the records submitted, the Utilization Review (UR) determination notes diagnoses of abdominal pain, gastropathy, gastroesophageal reflux disease (GERD), antral gastritis, irritable bowel syndrome, rectal bleeding, diverticulosis of the colon, and internal hemorrhoids, with gastritis and GERD associated with NSAID use. The UR determination refers to a clinical narrative from 1/22/15 by the physician which notes that the injured worker was advised to avoid non-steroidal anti-inflammatory agents (NSAIDS), with an associated request for authorization for endoscopy. Examination at that time showed abdominal tenderness over the epigastric region and right upper quadrant. On 2/12/15, Utilization Review non-certified requests for Dexilant, ranitidine, Gaviskon, Citrucil, Simethicone, Probiotics and Bentyl, citing the MTUS, ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 67-68.

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

Decision rationale: This injured worker has been prescribed dexilant, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). There is no documentation of cotherapy with a NSAID; per the progress note from January 2015 referenced in the UR determination, the injured worker had been advised to avoid NSAIDS. The injured worker was noted to have stomach problems, and the UR determination notes documentation of multiple GI issues including abdominal pain, gastropathy, gastroesophageal reflux disease, antral gastritis, irritable bowel syndrome, rectal bleeding, diverticulosis of the colon, and internal hemorrhoids, with findings of epigastric and right upper quadrant tenderness on examination. The records submitted did not include further discussion of the GI diagnoses. No current GI symptoms were noted. Other than the negative serology for H. pylori, documentation of any prior GI evaluation was not submitted. There was no information about current signs, symptoms, response to treatment, or indications for medications. Due to lack of clear indication and lack of sufficient documentation of GI evaluation, the request for dexilant is not medically necessary.

Ranitidine 150mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 67-68.

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

Decision rationale: Ranitidine is a H2 receptor antagonist. The MTUS gives options for NSAID-induced dyspepsia, which include stopping the NSAID, switching to a different NSAID, or consideration of H2 receptor antagonists or a PPI. This injured worker was noted to have gastritis and GERD secondary to NSAID use, but there was no documentation of current use of NSAIDS, and a progress note referenced by UR notes that the injured worker had been advised to avoid NSAIDS. The injured worker was noted to have stomach problems, and the UR determination notes documentation of multiple GI issues including abdominal pain, gastropathy,

gastroesophageal reflux disease, antral gastritis, irritable bowel syndrome, rectal bleeding, diverticulosis of the colon, and internal hemorrhoids, with findings of epigastric and right upper quadrant tenderness on examination. The records submitted did not include further discussion of the GI diagnoses. No current GI symptoms were noted. Other than the negative serology for H. pylori, documentation of any prior GI evaluation was not submitted. There was no information about current signs, symptoms, response to treatment, or indications for medications. Due to lack of clear indication and lack of sufficient documentation of GI evaluation, the request for ranitidine is not medically necessary.

Gaviscon, one bottle with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 67-68.

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

Decision rationale: Gaviscon is an antacid indicated for temporary relief of symptoms of heartburn and acid indigestion due to acid reflux. The MTUS gives options for NSAID-induced dyspepsia, which include stopping the NSAID, switching to a different NSAID, or consideration of H2 receptor antagonists or a PPI. Use of antacids is not discussed. This injured worker was noted to have gastritis and GERD secondary to NSAID use, but there was no documentation of current use of NSAIDs, and a progress note referenced by UR notes that the injured worker had been advised to avoid NSAIDs. The injured worker was noted to have stomach problems, and the UR determination notes documentation of multiple GI issues including abdominal pain, gastropathy, gastroesophageal reflux disease, antral gastritis, irritable bowel syndrome, rectal bleeding, diverticulosis of the colon, and internal hemorrhoids, with findings of epigastric and right upper quadrant tenderness on examination. The records submitted did not include further discussion of the GI diagnoses. No current GI symptoms were noted. Other than the negative serology for H. pylori, documentation of any prior GI evaluation was not submitted. There was no information about current signs, symptoms, response to treatment, or indications for medications. Due to lack of clear indication and lack of sufficient documentation of GI evaluation, the request for gaviscon is not medically necessary.

Citrucel #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy [with opioids] Page(s): p. 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) opioid induced constipation.

Decision rationale: Citrucel is a fiber supplement used for the treatment of constipation, including constipation associated with irritable bowel syndrome. The MTUS notes that when

initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the records submitted did not note prescription of opioids. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. The UR determination refers to progress notes that state a diagnosis of irritable bowel syndrome, but further details were not discussed. There was no documentation of a diagnosis of constipation. Due to lack of clear indication, the request for citrucel is not medically necessary.

Simethicone with 2 refills: 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 Simethicone: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG are silent with regard to simethicone. Simethicone is an anti-flatulent used for relief of pressure, bloating, fullness, and discomfort due to gastrointestinal gas. There was no documentation of any gastrointestinal symptoms related to gas which would support the need for an anti-flatulent. The injured worker had a history of irritable bowel syndrome, but the treating physician did not discuss the reason for prescription of simethicone. Due to lack of indication, the request for simethicone is not medically necessary.

Probiotics #60 with 2 refills: 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: Probiotics for gastrointestinal disease. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Probiotics are microorganisms that have beneficial properties for the host. Most commercial products have been derived from food sources. Mechanisms for the benefits of probiotics are incompletely understood, but may be related to suppression of growth or invasion by pathogenic bacteria, improvement in intestinal barrier function, modulation of the immune system, and modulation of pain perception. Probiotics have been used in the treatment of certain gastrointestinal disorders, including inflammatory bowel disease, diarrheal illnesses, constipation, irritable bowel syndrome, and others. Many brands of probiotics containing different microorganisms are available. In this case, the probiotic requested was not for a specific

product. The injured worker had a history of irritable bowel syndrome, but there were no current signs or symptoms discussed related to this diagnosis, and the specific indication for probiotics was not documented by the treating physician. Due to lack of clear indication, the request for probiotics is not medically necessary.

Bentyl #60 with 2 refills: 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: Treatment of irritable bowel syndrome. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Bentyl is an anticholinergic antispasmodic medication indicated for treatment of functional bowel/irritable bowel syndrome. Pharmacologic treatment of irritable bowel syndrome is indicated in patients with mild to moderate symptoms who fail to respond to lifestyle and dietary modification, and for patients with moderate to severe symptoms of irritable bowel syndrome that affect quality of life. Antispasmodics provide short-term relief in symptoms of abdominal pain associated with irritable bowel syndrome, but their long-term efficacy has not been established. This injured worker had a diagnosis of irritable bowel syndrome, but there were no current signs or symptoms discussed related to this diagnosis, and the specific indication for bentyl was not documented by the treating physician. Severity of symptoms and response to lifestyle and dietary modification was not discussed. Due to lack of clear indication, the request for bentyl is not medically necessary.