

Case Number:	CM15-0039108		
Date Assigned:	03/09/2015	Date of Injury:	10/27/2011
Decision Date:	04/13/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: Utah, Arkansas
 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 47 year old female, who sustained an industrial injury on 10/27/2011. She has reported subsequent neck, upper back, shoulder and right upper extremity pain and was diagnosed with causalgia and hand pain. Treatment to date has included oral pain medication, physical therapy, TENS unit and surgery. In a progress note dated 02/02/2015, the injured worker complained of right hand pain that was rated as 4/10. There were no subjective or objective findings of the gastrointestinal system documented during this visit. A request for Simethicone refill was made without an explanation as to the reason for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simethicone 80mg chew tablet, take 1 daily as needed, #30: Upheld

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

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Simethicone, as stated above. There is lack of objective findings that would warrant an indication for the Simethicone. It is also not clear in the clinical documents why the Simethicone is being ordered. The review of systems is also noted as negative in the gastrointestinal section on note of July 7, 2014. According to the clinical documentation provided and current guidelines; Simethicone, as stated above, is not indicated as a medical necessity to the patient at this time.