

<b>Case Number:</b>	CM15-0047026		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old female, who sustained an industrial injury on September 16, 2010. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having abdominal pain secondary to gastritis and hiatal hernia, constipation secondary to narcotics, and gastroesophageal reflux disease. Treatment to date has included urine toxicology, medications, and laboratory evaluations. On January 15, 2015, she complains of worsening acid reflux symptoms with left upper abdominal quadrant pain that is relieved by bowel movements. She reports worsening constipation, diarrhea, and anxiety. The treatment plan included: urine toxicology screening, medications: Dexilant, Gaviscon, Miralax, Simethicone, Probiotics, and Linzess. The request is for: Gaviscon, Miralax, Simethicone, and Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaviscon, 1 bottle, take 1 tbsp 3 times daily as needed, with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Proton Pump Inhibitors & Antacids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference 2015, Gaviscon.

**Decision rationale:** With regard to the request for Gaviscon, this is an antacid which is indicated for the "Temporary relief of symptoms of heartburn and acid indigestion due to acid reflux." The worker in this case was evaluated by a family practice physician in January 2015 and assessed with gastritis, GERD, and constipation. The patient is also simultaneously on Dexilant. There is no indication of why the additional over the counter antacid is necessary in addition to a proton pump inhibitor. This request is not medically necessary.

**Miralax 1 bottle, take 17 g with 8 oz water daily as needed, with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Prophylaxis Page(s): 77-78.

**Decision rationale:** The worker in this case was evaluated by a family practice physician in January 2015 and assessed with gastritis, GERD, and constipation that was felt to be opioid induce. The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." However, although the assessment of opioid induced constipation is documented, the notes do not indicate the patient is taking narcotics and prior urine toxicology screen was negative for opiates. Therefore, this request is not medically necessary and other causes of constipation should be investigated (which could be non-industrial in etiology).

**Simethicone 80 mg Qty 60 wtih 2refills, take 2 times daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 67th edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2015, Simethicone.

**Decision rationale:** Simethicone is an over the counter medication indicated for "relief of pressure and bloating commonly referred to as gas." A note from January 15, 2015 documents acid reflux, constipation, diarrhea, but does not clearly indicate any issues of bloating or gas. Furthermore, this prescription is for a 3 month supply and it is not clear if the patient has ever been on this medication before. Therefore, a shorter course would be initially recommended to monitor for efficacy. Given these factors, this request is not medically necessary.