MAXIMUS Federal Services

| Case Number: | CM15-0048944 | | |
|---|---|---|---|
| Date Assigned: | 03/20/2015 | Date of Injury: | 06/28/1982 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

## 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: Arizona, California
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 53-year-old male, who sustained an industrial injury on 6/28/1982. He reported upper back, neck and associated chest pain, as well as associated symptoms including gastric bowel symptoms and dizziness. Diagnoses include stress related medical irritation, vertigo, cervical compression, status post cholecystectomy, status post left knee surgery 1997 x 2, status post right knee surgery 1999, and status post shoulder surgery. Treatments to date include medication therapy, physical therapy, chiropractic therapy, acupuncture, epidural injections, and therapeutic joint injections. Currently, he reported some improvement in gastric symptoms, with intermittent three to four mushy bowel movements a day. The provider documented 6/25/2014 no acute findings. The provider documented a plan of care to continue with medications due to colon inflammation with positive ASCA, history of colitis, and the need to alternate antibiotic therapy due to bacterial overgrowth affecting functional bowel syndrome. The plan of care included Aluminum Hydroxide, two tablespoons twice a day.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**10 bottles Aluminum Hydroxide ([redacted]):** 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 Therapy Adv Gastroenterol. 2009 Jul; 2(4): 221/238, DOI: 10.1177/1756283X09104794, PMCID: PMC3002524, The Treatment of Irritable Bowel Syndrome, Brian E. Lacy, corresponding author Kirsten Weiser, and Ryan De Lee.

**Decision rationale:** According to the referenced guidelines, Aluminum Hydroxide is not indicated 1st line for irritable bowel. There is also no indication for prolonged use. In this case, the Aluminum hydroxide was prescribed with10 bottles. Continued and prolonged use is not medically necessary.