

<b>Case Number:</b>	CM15-0051781		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	08/03/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 January 8, 2009. He has reported gastrointestinal symptoms, sleep disturbances, and chest pain and has been diagnosed with gastritis, Schatzki's ring, moderate obstructive sleep apnea, hypertension, and chest pain. Treatment has included medications and treatment programs. Currently the injured worker had clear lung sounds with a regular heart rate and heart rhythm. The treatment plan consisted of multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen performed 01/12/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to demonstrate that the injured worker is at high risk of addiction or aberrant behavior and there is evidence that an Opioid drug is being prescribed. With guidelines not being met, the request for Urine drug screen performed 01/12/2015 is not medically necessary.

**Amlodipine 5mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Amlodipine is in a class of medications called calcium channel blockers. This medication may be used alone or in combination with other medications to treat high blood pressure and chest pain (angina). Documentation provided shows that the injured worker is diagnosed with Hypertension, which is well controlled on current medication regimen. The medical necessity for ongoing use of Amlodipine is established. The request for Amlodipine 5mg #30 is medically necessary.

**Lisinopril 5mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Lisinopril is an Angiotensin-converting enzyme inhibitors (ACE inhibitor) used to treat Hypertension and Heart disease. Documentation provided indicates that the injured worker has Hypertension, which is well controlled on current medication regimen, supporting the medical necessity for ongoing use of Lisinopril. The request for Lisinopril 5mg #30 is medically necessary by guidelines.

**Dexilant 60mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). Documentation shows that the injured worker is diagnosed with Gastroesophageal reflux disease and Gastritis, with ongoing complains of abdominal pain and reflux. The recommendation for ongoing use of Dexilant to treat this condition and to prevent other gastrointestinal events is appropriate. The request for Dexilant 60mg #30 is medically necessary per guidelines.

**Ranitidine 150mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

**Decision rationale:** Ranitidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Ranitidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation shows that the injured worker is diagnosed with Gastroesophageal reflux disease and Gastritis, with ongoing complains of abdominal pain, rectal bleeding and reflux. The recommendation for ongoing use of Ranitidine to treat this condition and to prevent other gastrointestinal events is appropriate. The request for Ranitidine 150mg #30 is medically necessary per guidelines.

**Citrucel #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo><http://www.uptodate.com/contents/sucralfate>.

**Decision rationale:** Metamucil (Psyllium), a bulk-forming laxative, is used to treat constipation. Documentation fails to show that the injured worker has constipation or is treated with opioids that could cause opioid-induced constipation. The request for Citrucel #120 is not medically necessary.

**Carafate #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/6798100>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus> <http://www.uptodate.com/contents/sucralfate>.

**Decision rationale:** Carafate (Sucralfate) is in a class of medications called protectants. Carafate is used to treat and prevent GI (gastrointestinal) ulcers, and to treat esophageal and duodenal ulcers. The medication may also be used in combination with other medications, such as antibiotics to treat and prevent the return of ulcers caused by a certain type of bacteria (*H. pylori*). Documentation shows that the injured worker complains is diagnosed with Gastritis and Gastroesophageal Reflux disease, already being treated with a Proton Pump Inhibitor and H2 Blocker. Review of labs provided fails to demonstrate a finding of positive *H. pylori* test. Per guidelines, the request for Carafate #120 is not medically necessary.

**Colace 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

**Decision rationale:** Stool softeners are used on a short-term basis to treat constipation. Documentation fails to show that the injured worker has constipation or is treated with opioids that could cause opioid-induced constipation. The request for Colace 100mg #30 is not medically necessary.

**Probiotics #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2314561>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com><http://www.nlm.nih.gov/medlineplus>.

**Decision rationale:** Probiotics are live, nonpathogenic bacteria sold in fermented foods or dairy products as formulations. They are available over the counter and in health food stores. Documentation at the time of the requested service fails to support that the injured worker complains of constipation or diarrhea, and there is no clear clinical reason to establish the indication for the use of Probiotics. The request for Probiotics #60 is not medically necessary.

**Diabetic test strips/lancets/alcohol swabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Glucose monitoring.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.diabetes.org/>.

**Decision rationale:** Documentation shows that injured worker was noted to have mildly elevated random blood glucose on Laboratory testing. However, physician reports fail to demonstrate a diagnosis of Diabetes or an abnormal Hemoglobin A1C test that would support this diagnosis. The medical necessity for Diabetic supplies has not been established. The request for Diabetic test strips/lancets/alcohol swabs is not medically necessary per guidelines.