

Case Number:	CM15-0052627		
Date Assigned:	03/26/2015	Date of Injury:	10/28/2010
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male, who sustained an industrial injury on October 28, 2010. The injured worker was diagnosed as having abdominal pain, acid reflux rule out ulcer/anatomical alteration, constipation, and bright red blood per rectum, rule out hemorrhoids. Treatment to date has included lab studies, and medications including histamine 2 inhibitor, proton pump inhibitor, chloride channel activator, and hemorrhoid cream. On January 22, 2015, the injured worker reports no change in his acid reflux and continued episodes of bright red blood per rectum. The physical exam revealed a soft abdomen with normoactive bowel sounds. The treatment plan includes proton pump inhibitor, chloride channel activator, and stool softener medications, medical food, and hemorrhoid cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60: 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) Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore the use of Amitiza 24mcg #60 is not medically necessary.

Anusol HC cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/anusol-hc-cream.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Anusol HC is a topical corticosteroid used to treating local rectal irritation such as itching and edema. There is no recent documentation of rectal examination in this case demonstrating rectal irritation. Therefore, the request is not medically necessary.

Sentra AM #60 three bottles: 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), http://nutrientpharmacology.com/sentra_AM.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shell, W. E., et al. (2012). "Sentra PM (a Medical Food) and Trazodone in the Management of Sleep Disorders." J Cent Nerv Syst Dis 4: 65-72.

Decision rationale: Sentra is a medical food used to improve fatigue and fibromyalgia. There no controlled studies supporting these indications. The prescription of Sentra AM #60, 3 bottles is not medically necessary.