

Case Number:	CM15-0059131		
Date Assigned:	04/03/2015	Date of Injury:	07/13/2011
Decision Date:	05/26/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/28/2015

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

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 38-year-old male who reported an injury on 07/13/2011. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with abdominal pain, heartburn, and functional digestive disorders not elsewhere classified. Past treatments included bilateral L5-S1 transforaminal epidural injection on 02/17/2015. Surgical history and diagnostic studies were not provided in the medical records. The injured worker's medications included Nexium 40 mg, ranitidine 150 mg, Carafate 1 g 4 times per day, simethicone 80 mg 3 times daily, Bentyl 10 mg twice per day, Trepadone, Theramine, Gabadone, Sentra AM, and Linzess 290 mcg. The evaluation performed on 02/03/2015, indicated the injured worker had noted worsening abdominal pain, acid reflux, and constipation. He also noted less frequent bright red blood per rectum. The evaluation performed on 03/03/2015, indicated the injured worker had complaints of abdominal pain, unchanged acid reflux, and constipation. He noted less frequent bright red blood per rectum. The injured worker was advised to avoid NSAIDs. A Request for Authorization was submitted on 02/03/2015. The rationale for the requested treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg Qty 30: 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.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated the injured worker had unchanged acid reflux. Given the requested medication did not provide relief for the injured worker's complaints; the continued use is not supported. Given the above, the request for Nexium 40 mg quantity 30 is not medically necessary.

Ranitidine 150 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult: Drug Monograph.

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

Decision rationale: According to the California MTUS Guidelines, H2-receptor antagonists are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated the injured worker had unchanged acid reflux. Given the requested medication did not provide relief for the injured worker's complaints; the continued use is not supported. Given the above, the request for ranitidine 150 mg quantity 30 is not medically necessary.

Carafate 1 g Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult: Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012227/?report=details.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication. According to U.S. National Library of Medicine, sucralfate is used to treat and prevent duodenal ulcers. This medicine may also be used for other conditions as determined by the physician. Sucralfate works by forming a barrier, or coating, over the ulcer. This protects the ulcer from the acid of the stomach, allowing it to heal. The documentation submitted for review indicated the injured worker had complaints of abdominal pain and acid reflux. However, the documentation failed to provide any indication the requested medication provided objective functional improvement with

prior use. Therefore, the continued use is not supported. Given the above, the request for Carafate 1 g quantity 120 is not medically necessary.

Simethicone 80 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012227/?report=details.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication. According to Medline Plus, simethicone is used to treat the symptoms of gas, such as uncomfortable or painful pressure, fullness, and bloating. The documentation submitted for review indicated the injured worker reported abdominal pain and acid reflux. However, the documentation failed to provide objective functional improvement with the use of the requested medication. Therefore, the continued use is not supported. Given the above, the request for simethicone 80 mg quantity 90 is not medically necessary.

Bentyl 10 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009928/?report=detailsThe California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication. According to the U.S. National Library of Medicine, dicycloverine treats irritable bowel syndrome. The documentation submitted for review indicated the injured worker had complaints of abdominal pain, acid reflux, and constipation. However, the documentation failed to provide evidence of irritable bowel syndrome. There was also no documentation indicating the requested medication provided significant relief to support the continued use. Therefore, the request is not supported. Given the above, the request for Bentyl 10 mg quantity 60 is not medically necessary.

Trepadone Qty 90, 2 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: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Trepadone.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines further state, Trepadone is not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. The documentation submitted for review failed to provide a rationale for the need of the requested medication. There was no indication the injured worker had functional deficits that would require supplementation. Additionally, given the requested medication is not recommended by the guidelines, the continued use is not supported. Given the above, the request for Trepadone quantity 90, two bottles is not medically necessary.

Theramine Qty 60, 2 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: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines further state, Theramine is not recommended for the treatment of chronic pain, but is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The clinical documentation submitted for review failed to provide a rationale for the need of the requested medication. There was no documentation indicating the patient had nutritional deficits that would warrant the need of supplementation. There was also no documentation indicating the patient was provided any benefit from the use of the requested medication. Therefore, the continued use is not supported. Given the above, the request for Theramine quantity 60, two bottles is not medically necessary.

Gabadone Qty 60, 3 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: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabadone.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines further state, Gabadone is not recommended. It is intended to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. The documentation submitted for review failed to provide a rationale for the need of the requested medication. There was no indication the injured worker had sleep disorders or sleep disorders associated with insomnia. Additionally, the documentation failed to provide evidence the requested medication was effective to support the continued use. Therefore, the

request is not supported. Given the above, the request for gabapentin quantity 60, three bottles is not medically necessary.

Sentra AM Qty 60, 1 bottle: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sentra PM.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines further state, Sentra is not recommended. Sentra PM is a medical food intended for use in the management of sleep disorders associated with depression. The documentation submitted for review failed to provide a rationale for the need of the requested medication. There was no indication the injured worker had complaints of sleep disorders or sleep disorders associated with depression. Additionally, the documentation failed to provide evidence the requested medication was effective. Therefore, the continued use is not supported. Given the above, the request for Sentra AM quantity 60, one bottle is not medically necessary.

Linzess 290 mcg, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (http://www.medicinenet.com/linaclotide_linzess/article.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.DrugDetailsThe California MTUS/ACOEM guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication.

Decision rationale: The California MTUS Guidelines do not address the requested medication. The Official Disability Guidelines do not address the requested medication. According to FDA.gov, Linzess is a prescription medication used in adults to treat irritable bowel syndrome, like constipation, and a type of constipation called chronic idiopathic constipation. Idiopathic means the cause of the constipation is unknown. The documentation submitted for review indicated the patient had complaints of abdominal pain, acid reflux, and constipation. However, the documentation failed to provide a rationale for the need of the requested medication, as there was no documentation indicating the patient had irritable bowel syndrome. Additionally, the documentation failed to provide evidence the requested medication provided functional improvement with prior use. Therefore, the continued use of not supported. Given the above, the request for Linzess 290 mcg, quantity 30 is not medically necessary.