MAXIMUS Federal Services

Case Number:	CM15-0067928		
Date Assigned:	04/23/2015	Date of Injury:	09/12/2010
Decision Date:	09/10/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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: Emergency 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 39 year old female, who sustained an industrial injury on 11/11/11. She reported initial complaints of right shoulder injury. The injured worker was diagnosed as having sprain of knee/leg NOS; disease NEC/NOS Cervical; joint derangement NOS-Shoulder; adhesive capsulitis shoulder; carpal tunnel syndrome; disc disease NEC/NOS lumbar; locations primary osteoarthritis left leg; internal derangement knee NOS; constipation; esophageal reflux; gastritis; sleep disturbance NOS; obstructive sleep apnea; abnormal weight gain. Treatment to date has included status post right shoulder rotator cuff surgery (no date); urine drug screening; medications. Currently, the PR-2 notes dated 2/4/15 indicated the injured worker complains of ongoing constipation, acid reflux and sleep quality. There were comprehensive psychiatric panel QME evaluations submitted The provider has requested Colace 100mg #90 with 2 refills; Dexilant 60mg #30 with 2 refills; Gaviscon bottle #1 with 2 refills; Linzess 145mcg #30 with 2 refills; Miralax bottle 17g #1; Probiotics #60; Ranitidine 150mg #30 3 co-packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. This is usually given as an acid reducing medication for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Gaviscon bottle #1 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The request is for the use of the medication Gaviscon which is a non-prescription medicine taken orally to treat heartburn and gastro-esophageal disease (GERD). The guidelines do not specifically address or advise the use of this acid reducing product but does make recommendations regarding medications in the same general category classified as proton pump inhibitors. This is usually given for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain which have side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically with a proton pump inhibitor or Misoprostol. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Miralax bottle 17g #1: 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 http://gut.bmj.com/content/46/4/522.short.

Decision rationale: The request is for the use of Miralax which is a product usually used for constipation. Its active ingredient is polyethylene glycol which is an osmotic agent. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Polyethylene glycol is an effective agent and can be used safely for chronic constipation. In this case, there is inadequate documentation of a full evaluation delineating the etiology of the patient's symptoms as well as non-pharmacologic dietary treatment rendered. As such, the request is not medically necessary.

Colace 100mg #90 with 2 refills: 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 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780140/.

Decision rationale: The request is for the use of Colace which is a product usually used for constipation. Its active ingredient is docusate sodium which is a surface active agent laxative. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Docusate is an effective agent and can be used safely for chronic constipation. In this case, there is inadequate documentation of a full evaluation delineating the etiology of the patient's symptoms as well as non-pharmacologic dietary treatment rendered. As such, the request is not medically necessary.

Probiotics #60: 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 http://www.ncbi.nlm.nih.gov/pubmed/23981066.

Decision rationale: The request is for the use of probiotics. The MTUS and ACOEM guidelines do not offer advice regarding this topic. Further, the ODG guidelines also do not comment on the use of this supplement. The alternative reference states that specified probiotics can provide benefit in IBS and antibiotic-associated diarrhea. Relatively few studies suggested benefits regarding other indications warranting further research. In this case, there is inadequate scientific evidence to justify a condition which would benefit from probiotic use. As such, the request is not medically necessary.

Ranitidine 150mg #30 3 co-packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The request is for the use of a medication in the class of an acid reducing medication. The guidelines do not specifically address or advise the use of an H2 blocker but does make recommendations regarding medications in the same category classified as proton pump inhibitors. This is usually given for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain which have side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically with a proton pump inhibitor or Misoprostol. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Linzess 145mcg #30 with 2 refills: 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 http://ueg.sagepub.com/content/1/1/7.full.pdf+html.

Decision rationale: The request is for the use of Linzess. Linaclotide (marketed under the trade name Linzess and Constella) is a compound that reduces activation of colonic sensory neurons, reducing pain; and activates colonic motor neurons, which increases smooth muscle contraction and thus promotes bowel movements. It was approved by the FDA for the treatment of chronic idiopathic constipation and irritable bowel syndrome with constipation in adults. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Linzess is an effective agent and can be used safely for the above listed indications. In this case, there is inadequate documentation of a full evaluation delineating the etiology of the patient's symptoms as well as non-pharmacologic dietary treatment rendered. As such, the request is not medically necessary.