

<b>Case Number:</b>	CM15-0074209		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2015

### 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:

This 53-year-old female sustained an industrial injury to the right upper extremity on 2/24/10. Previous treatment included magnetic resonance imaging, electromyography, right carpal tunnel release, injections and medications. The injured worker was currently receiving treatment for abdominal pain. In a PR-2 dated 2/9/15, the injured worker noted improved abdominal pain and constipation and less frequent bloating. The injured worker reported continuing bright red blood per rectum. Abdominal ultrasound (11/13/14) showed gallstones without cholecystitis. Physical exam was remarkable for soft abdomen with tenderness to palpation over the epigastrium, left lower quadrant and right low quadrant with normal bowel sounds. Current diagnoses included abdominal pain, constipation and bright red blood per rectum, rule out hemorrhoids secondary to constipation. The treatment plan included laboratory studies, updated cardio-respiratory diagnostic testing and medications (Miralax, Colace, Simethicone, Probiotics and Preparation H cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One updated cardio-respiratory diagnostic testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The U.S. Preventive Services Task Force (USPSTF) recommends against screening for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker complains of abdominal pain, constipation and rectal bleeding. Documentation fails to demonstrate acute illness consistent with cardiac condition to establish the medical necessity for cardio-respiratory diagnostic testing. The request for one updated cardio-respiratory diagnostic testing is not medically necessary.

**One random labs (GI profile and urinalysis):** 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).

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

**Decision rationale:** The injured worker complains of abdominal pain, constipation and rectal bleeding with suspicion of hemorrhoids. Physician reports indicate a diagnosis of Gallstones and finding of epigastric and left lower quadrant tenderness. The request for Random Labs under review appears to include Complete Blood Count with manual, TSH, Amylase, Lipase, CMP, H. pylori and IgG Antibody serology testing. Although, the request for H. pylori testing, CBC and CMP is clinically necessary, presenting symptoms are not consistent with Acute Pancreatitis or Celiac Disease. The medical necessity for Thyroid function test, Amylase, Lipase and IgG antibody has not been established. Additionally, documentation fails to show that Opioid drugs are currently being prescribed to warrant the request for Urine drug testing. The request for one random labs (GI profile and urinalysis) is not medically necessary per guidelines.

**Miralax, one bottle with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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/>.

**Decision rationale:** Miralax (Polyethylene glycol 3350) is a nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. The injured worker complains of abdominal pain, constipation and rectal bleeding with suspicion of hemorrhoids. Documentation shows that Miralax has been prescribed chronically with minimal

improvement. The ongoing use of this medication is not recommended in the presence of persistent abdominal pain. The request for Miralax, one bottle with two refills is not medically necessary.

**Colace 100 mg, sixty count with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 shows that the injured worker complains of abdominal pain, rectal bleeding and constipation. Until further evaluation is performed, the recommendation to use Colace is reasonable. The request for Colace 100 mg, sixty count with two refills is medically necessary.

**Simethicone 80 mg, sixty count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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:** Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating. Documentation at the time of the requested service fails to demonstrate that the injured worker has above symptoms and there is no other evidence of a clear indication for the use of this drug. The request for Simethicone 80 mg, sixty count with two refills is not medically necessary.

**Probiotics, sixty count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. Per guidelines, there is not sufficient data to recommend probiotics in the management of severe constipation. Documentation indicates that the injured worker complains of abdominal pain, constipation and rectal bleeding with suspicion of hemorrhoids. There is no report of diarrhea

and there is no other clear clinical reason to establish the indication for the use of Probiotics. The request for Probiotics, sixty count with two refills is not medically necessary.

**Preparation H cream with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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:** Preparation H cream (Hydrocortisone) is used without a prescription for the temporary relief of the swelling and discomfort of hemorrhoids and other rectal problems. The injured worker complains of abdominal pain, constipation and rectal bleeding with suspicion of hemorrhoids. Documentation fails to show findings of external hemorrhoids. The request for Preparation H cream with two refills as first line treatment for the complains of rectal bleeding is not medically necessary per guidelines.