

Case Number:	CM14-0113049		
Date Assigned:	08/01/2014	Date of Injury:	06/27/2004
Decision Date:	09/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in HPM, and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old gentleman with a date of injury of 05/27/2004. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 04/08/2014 and by [REDACTED] dated 05/19/2014 indicated the worker was experiencing lower back pain that went into the legs, leg numbness, left shoulder pain that went into the arms, arm numbness and tingling, sexual dysfunction, depression and anxiety, and sleep problems. [REDACTED] note also indicated constipation and mid-upper abdominal pain. Documented examinations consistently described lower back tenderness and positive straight leg raising tests on both sides. [REDACTED] note also described tenderness in the mid-upper abdomen, straightening of the normal curve at the lower back, and an abdominal hernia. The submitted and reviewed documentation concluded the worker was suffering from L5 retrolisthesis, cervical and lumbar sprain, C3-C5 bulging discs with right arm radiculopathy, L2-L5 bulging discs, persistent lower back pain despite surgery, right shoulder and wrist sprain, sleep disorder, depression and anxiety disorders, high blood pressure, constipation, and an abdominal hernia. Treatment recommendations included oral medications, topical pain medication, an abdominal ultrasound, the laboratory blood test Helicobacter pylori titer, home exercise program and aqua exercises, stop "strong pain" medications, and follow up. A Utilization Review decision by [REDACTED] was rendered on 07/11/2014 recommending non-certification for an H. pylori titer and for Colace (docusate) 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

H. Pylori Titer: 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 Other Medical Treatment Guideline or Medical Evidence: Crowe SE, et al. Indications and diagnostic tests for Helicobacter pylori infection. Topic 18, version 17.0. UpToDate, accessed 09/22/2014.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Helicobacter pylori (or H. pylori) is an infection that can cause ulcers in the gut. The 2007 American College of Gastroenterology guidelines suggest testing should be done only if the clinician plans to offer treatment if the test is positive and if there is a past history of a documented peptic ulcer, active peptic ulcer disease, a type of lymphoma in the stomach, or the "test and treat approach" for those who are younger than age 55 years, have uninvestigated dyspepsia, and have no "red flag" findings. The submitted and reviewed documentation concluded the worker had constipation and an abdominal hernia, among other issues. There was no indication the worker had any of the conditions listed above, and he was older than 55 years. The reviewed records did not include a discussion of extenuating circumstances suggesting this laboratory test was needed. In the absence of such evidence, the current request for a H. pylori titer is not medically necessary.

Colace 100mg #30: 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 Other Medical Treatment Guideline or Medical Evidence: Rao SSC, et al. Constipation in the older adult. Topic 16133, version 15.0. UpToDate, accessed 09/22/2014. Docusate: Drug information. Topic 9382, version 108. UpToDate, accessed 09/22/2014.

Decision rationale: Colace (docusate) is a medication in the stool softener class. The MTUS Guidelines are silent on this issue in this clinical situation. The first step in treating constipation should be a thorough assessment to determine the cause. Treatment should then be individualized to maximize benefit and minimize negative effects and complications. The literature does not support the use of stool softeners as sole therapy. The submitted and reviewed documentation concluded the worker was suffering from constipation, among other issues. A minimal assessment was recorded. Recommended treatment listed in a visit note by [REDACTED] dated 05/19/2014 included single-agent docusate therapy and stopping all "strong pain" medications. There was no discussion suggesting extenuating circumstances that would support the use of docusate as a sole treatment for constipation. In the absence of such evidence, the current request for Colace (docusate) 100mg #30 is not medically necessary.

