MAXIMUS Federal Services

Case Number:	CM14-0137275		
Date Assigned:	09/05/2014	Date of Injury:	01/02/2007
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 70 year old male who had a work related injury on 01/02/07. His injury when his hand got caught in a machine. His diagnoses included status-post traumatic second, third, and fourth finger amputation, status post second toe bilaterally to the right hand transplantation with residuals, status post postoperative tenolysis and contracture release, gastritis, major depressive disorder with anxiety, irritable bowel syndrome with constipation, and left carpal and metacarpal arthritis. Most recent medical record submitted for review is dated 07/14/14. The injured worker returns to the office reports of increasing left wrist pain that has been attributed to compensatory overuse, increased problems with constipation, and has been started on medication including Miralax and Metamucil without benefit. A pending evaluation at for a gastrointestinal (GI) consult motility clinic was noted. Physical examination reveals he is anxious, abdominal exam is benign, left carpometacarpal (CMC) joint tenderness that is moderate. The injured worker has ongoing problems with left CMC arthritis for which treatment through the workers compensation has been denied based on AMA recommendations. The injured worker continues to be hindered by severe constipation that is not responded to maximum medication management is concluded at colonoscopy. He has evidence of colonic motility disorder and is planning formal evaluation. The plan was to renew the Nexium and Carafate for the gastroesophageal reflux disease (GERD). He is Metamucil and Miralax for constipation. Prior utilization review on 08/08/14 was noncertified. Current request is for a month's supply of Metamucil, sixty tablets of Carafate 1 gram, and sixty tablets of Nexium 40 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one-month supply of Metamucil: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids: Initiating Therapy Page(s): 77.

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: Metamucil (2013) Physicians' desk reference 67th ed.

Decision rationale: Metamucil is a fiber laxative. It works by absorbing water and swelling in the intestines. This helps the stool form the bulk necessary to be easily passed. The patient has chronic constipation. Therefore, the request is medical necessity.

60 tablets of Carafate 1 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList at http://www.rxlist.com/carafate-drug/indications-dosage.htm

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: Carafate (2013) Physicians' desk reference 67th ed.

Decision rationale: The request for sixty tablets of Carafate 1 gram is not medically necessary. Carafate is used for the treatment of duodenal ulcers, there is no clinical evidence submitted that indicates the patient has ulcers. As such, the request is not medical necessity.

60 tablets of Nexium 40mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-online version, Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The request for Nexium 40 milligrams is medically necessary. The clinical documentation submitted for review supports the request. There is clinical evidence that the patient has gastritis, therefore, medical necessity has been established.