

Case Number:	CM13-0039559		
Date Assigned:	05/05/2015	Date of Injury:	04/03/2006
Decision Date:	06/03/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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, Indiana, 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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 4/6/08. He reported back pain, neck pain, and headaches. The injured worker was diagnosed as having diabetes mellitus industrial aggravation, gastroesophageal reflux disease secondary to NSAIDs, gastric ulcer secondary to NSAIDs, hypertension industrial aggravation, and irritable bowel syndrome secondary to NSAIDs. Treatment to date has included medications such as Metformin, Vicodin, and Soma. A physician's report dated 8/6/13 noted blood glucose was 256 mg/dl. Currently, the injured worker complains of acid reflux and constipation. The treating physician requested authorization for Citrucel #120 with 3 refills, Januvia 100mg #30 with 3 refills, and Prilosec 20mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel #120 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/citrucel.html>.

Decision rationale: Pursuant to [drugs.com](http://www.drugs.com), Citrucel #120 with 3 refills is not medically necessary. Citrucel is a bulk-forming laxative. It works by absorbing water and swelling in the intestines. This helps the stool form the bulk necessary to be easily passed. In this case, the injured worker's working diagnoses (according to the internal medicine consultant) are diabetes mellitus, gastroesophageal reflux disease; gastric ulcer; hypertension; irritable bowel syndrome, secondary to nonsteroidal anti-inflammatory drugs; sleep disorder; and erectile dysfunction. The medical record indicates the originating work injury with a low back injury dating back to 2006. There is no causal relationship in the medical record relating to diabetes mellitus, gastroesophageal reflux, gastric ulcer, hypertension, irritable bowel syndrome to the work related injury established in the medical record. The injured worker has both constipation-alternating diarrhea with a diagnosis of irritable bowel syndrome. There is no closer relationship established in the medical record documentation between the work injury and the symptoms of IBS. Citrucel is a bulk forming laxative. The documentation shows the injured worker has been on Citrucel as far back as 2011. There is no documentation of objective functional improvement with ongoing Citrucel. Consequently, absent clinical documentation establishing a causal relationship between irritable bowel syndrome and the low back injury, evidence of functional improvement with ongoing Citrucel, Citrucel #120 with 3 refills is not medically necessary.

Januvia 100mg #30 Refills: 3: 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), Diabetes, Dipeptidyl-peptidase inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a60602.html>.

Decision rationale: Pursuant to Medline plus, Januvia 100 mg #30 with three refills is not medically necessary. Januvia is used along with diet and exercise and sometimes with other medications to lower blood sugar levels in patients with type II diabetes mellitus. For additional details, see the attached link. In this case, the injured worker's working diagnoses (according to the internal medicine consultant) are diabetes mellitus, gastroesophageal reflux disease; gastric ulcer; hypertension; irritable bowel syndrome, secondary to nonsteroidal anti-inflammatory drugs; sleep disorder; and erectile dysfunction. The medical record indicates the originating work injury with a low back injury dating back to 2006. There is no causal relationship in the medical record relating to diabetes mellitus, gastroesophageal reflux, gastric ulcer, hypertension, irritable bowel syndrome to the work related injury established in the medical record. The documentation shows the injured worker has been on Januvia as far back as 2011. There is no documentation establishing a causal relationship between diabetes mellitus type II and the low back injury. The diagnosis of diabetes mellitus was established in 2003. There is no documentation of an industrial exacerbation in the medical record. Consequently, absent clinical documentation with evidence of an industrial exacerbation with a pre-existing diagnosis of diabetes mellitus in 2003

and no causal relationship documented in the medical record, Januvia 100 mg #30 with three refills is not medically necessary.

Prilosec 20mg #60 Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 with 3 refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses (according to the internal medicine consultant) are diabetes mellitus, gastroesophageal reflux disease; gastric ulcer; hypertension; irritable bowel syndrome, secondary to nonsteroidal anti-inflammatory drugs; sleep disorder; and erectile dysfunction. The medical record indicates the originating work injury with a low back injury dating back to 2006. There is no causal relationship in the medical record relating to diabetes mellitus, gastroesophageal reflux, gastric ulcer, hypertension, irritable bowel syndrome to the work related injury established in the medical record. The documentation shows the injured worker has been on Prilosec 20 mg as far back as 2011. The documentation (in the diagnoses) states gastroesophageal reflux disease secondary to nonsteroidal anti-inflammatory drugs and gastric ulcer is secondary to nonsteroidal anti-inflammatory drugs. The documentation indicates the injured worker had a gastrointestinal workup with endoscopy that showed gastritis in 2009. There is no documentation medical record establishing a causal relationship or aggravation of symptoms between the work-related injury and nonsteroidal anti-inflammatory drugs. It is unclear why the injured worker was continued on nonsteroidal anti-inflammatory drugs with a history of peptic disease established on endoscopy. According to a March 5, 2010 progress note, the injured worker was advised not to take nonsteroidal anti-inflammatory drugs. According to a progress note dated August 6, 2013, the treating provider again recommended discontinuing nonsteroidal anti-inflammatory drugs. . Additionally, Prilosec 20 mg one daily is the appropriate dosing schedule. The treating provider requested Prilosec 20 mg #60. This translates into Prilosec 20 mg one PO B. I. D. This is incorrect dosing. Consequently, absent clinical documentation with a clinical rationale along with discontinuing nonsteroidal anti-inflammatory drugs (March 2010) with an incorrect dosing schedule, Prilosec 20 mg #60 with 3 refills is not medically necessary.