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| Case Number: | CM14-0025633 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 04/25/2007 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 46-year-old female who was injured on April 25, 2007. The patient continued to experience pain in her lower back, abdominal burning discomfort, and constipation. Physical examination was notable for positive bowek sounds, and no hepatosplenomegaly. Diagnoses included history of gastroesophageal reflux secondary to medication, obstipation secondary to constipation, and lumbar spinal surgery. Treatment included physical therapy, chiropractic therapy, medications, psychological therapy, and surgery. Requests for authorization for ranitidine, gastroenterology consultation, upper GI series, abdominal ultrasound, miralax, and citrucel were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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: The Medical Letter on Drugs and Therapeutics; March 8, 2010 (Issue 1333) p. 17: Primary Prevention of Ulcers in Patients Taking Aspirin or NSAIDs.

Decision rationale: Ranitidine is an H2-receptor antagonist. It is indicated for the treatment of peptic ulcer disease and been shown to prevent NSAID-related gastric ulcers in high doses. In this case the patient was being treated with pantoprazole in addition to the ranitidine. She had complaints of occasional retrosternal burning discomfort if she did not take her ranitidine or pantoprazole. There is no documented history of peptic ulcer disease and symptoms are occasional only. Medical necessity has not been established. The request is not medically necessary.

Gastroenterology Consultation: Upheld

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

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: UpToDate: Medical management of gastroesophageal reflux disease in adults.

Decision rationale: Referral to a gastroenterology specialist is indicated in those patients with refractory gastroesophageal reflux disease(GERD). Refractory GERD is defined as disease that does not respond to once daily proton pump inhibitor (PPI) therapy. In this case the patient has occasional symptoms only. Documentation in the medical record does not support the diagnosis of refractory GERD. Medical necessity has not been established. The request is not medically necessary.

Upper Gi Series: 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: Up To Date: Diagnosis of peptic ulcer disease.

Decision rationale: Endoscopy is the most accurate diagnostic test for peptic ulcer disease (PUD). Upper gastrointestinal radiography has been relegated to a limited role in the diagnosis of peptic ulcer disease (PUD). In this case the patient has been diagnosed with gastroesophageal reflux disease (GERD), which is responding to medication and is symptomatic only occasionally. Medical necessity for upper GI series is not established.

Abdominal Ultrasound: 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: Up To Date: Transabdominal ultrasonography of the small and large intestine; Ultrasonography of the hepatobiliary tract.

Decision rationale: Transabdominal ultrasonography is most commonly used to obtain images of hepatobiliary, urogenital, and pelvic structures. Common clinical applications for hepatobiliary ultrasound include evaluating right upper quadrant pain, evaluating obstructive jaundice, screening for hepatocellular carcinoma, evaluating patients before and after liver transplantation, and evaluating shunt patency in patients who have a transjugular intrahepatic portosystemic shunt. In this case documentation in the medical record does not support that hepatobiliary disease is suspected. The patient has symptoms only occasionally. Medical necessity has not been established. The request is not medically necessary.

Miralax: 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 Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: Drugs for Irritable Bowel Syndrome, Treatment Guidelines from The Medical Letter, July 1, 2011 (Issue 107) p. 41.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Miralax is polyethylene glycol, an osmotic agent which is safe, well-tolerated and can be used long-term. In this case, there is documentation that the patient was having bowel movements twice daily using only the stool softener, docusate. Miralax is not medically necessary.

Citrucel: 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 Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: Drugs for Irritable Bowel Syndrome, Treatment Guidelines from The Medical Letter, July 1, 2011 (Issue 107) p. 41.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Citrucel is psyllium, a soluble fiber supplement, which decreases colonic transit time. In this case, there is documentation that the patient was having bowel movements twice daily using only the stool softener, docusate. Citrucel is not medically necessary.