

<b>Case Number:</b>	CM14-0212860		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 66-year-old woman who sustained a work-related injury on September 15, 2011. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on July 17, 2014, the patient was complaining of ongoing neck and back pain and right upper extremity pain. The patient physical examination demonstrated no focal neurological signs. The patient was diagnosed with constipation, sleep disorder, orthopedic diagnosis as psychiatric diagnosis. The provider requested authorization for further medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Floranex #60. Date of service: 11/5/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/floranex.html](http://www.drugs.com/mtm/floranex.html)

**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: *lactobacillus acidophilus*. [http://www.medicinenet.com/lactobacillus\\_acidophilus-oral/article.htm](http://www.medicinenet.com/lactobacillus_acidophilus-oral/article.htm)

**Decision rationale:** According to Medicine.Net, < Lactobacillus acidophilus is an acid producing bacteria that is available in dietary supplements to restore the normal intestinal flora. Lactobacillus acidophilus bacterial strains are normal colonizers of the bowel and work by inhibiting or decreasing the growth of harmful microorganisms in the gut by producing lactic acid. Preparations that contain these bacteria are considered to be probiotics, dietary supplements that contain live bacteria that when taken orally, restore beneficial bacteria to the body (GI tract) and promote good health>. There is no documentation that the patient developed an abnormal intestinal flora. Therefore, the request is not medically necessary.

**Retrospective Doc-Q-Lace 100mg. Date of service: 11/5/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.webmd.com/drugs/drug-9831-doc-Q-Lace+oral.aspx](http://www.webmd.com/drugs/drug-9831-doc-Q-Lace+oral.aspx)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore, Retrospective Doc-Q-Lace 100mg. Date of service: 11/5/14 is not medically necessary.

**Retrospective Citrucel #120. Date of service: 11/5/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.webmd.com](http://www.webmd.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that

first line measurements were used. Therefore, Retrospective Citrucel #120. Date of service: 11/5/14 is not medically necessary.

**Retrospective Gaviscon 95-358mg/15ml #355. Date of service: 11/5/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, GI protectors such as Gaviscon is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of Gaviscon. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Retrospective, Gaviscon 95-358mg/15ml #355. Date of service: 11/5/14 is not medically necessary.