

Case Number:	CM15-0015982		
Date Assigned:	02/04/2015	Date of Injury:	03/14/2012
Decision Date:	03/31/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/28/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 43 year old female, who sustained an industrial injury on 3/14/12. The injured worker has noted improvement in her headaches, abdominal pain, esophageal acid reflux and constipation. She reports unchanged hypertension, sleep quality, diarrhea and high cholesterol. Abdomen has no tenderness t palpation; no hepatosplenomegaly noted or guarding noted. The diagnoses have included abdominal pain; constipation/diarrhea, rule out irritable bowel syndrome and gastropathy, secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).According to the utilization review performed on 1/1/15, the requested Simvastatin 10 MG #30, Prilosec 20 MG #30 and Lisinopril 10 MG #30 has been certified. The requested Colace 250 MG #30, Urine Toxicology Screen, Miralax 17 Gram, Lovaza 4 Gram and Aspirin 81 MG #30 has been non-certified. The National Guidelines Clearinghouse, CA MTUS for urine toxicology screens, ODG for urine drug testing was used in the utilization review. The documentation noted that there is no evidence of constipation and does not meet the guideline criteria for colace use. Guidelines do not support Miralax use beyond 6 months, and the patient has been taking miralax since at least 2013. A urine toxicology screen was not appropriate, that urine toxicology is for patients taking opioids medications. CA MTUS indicate fish oil is not recommended for chronic pain. A prescription of ASA is not appropriate; Guidelines do not support prophylactic use of ASA in women under 55.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250 MG #30: 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 Official Disability Guidelines Chronic pain

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case Colace is not indicated as the patient is not taking opioids and there is evidence the patient has complaints of diarrhea. There is no indication for the use of a stool softener in this setting. Medical necessity for the requested medication is not established. the requested medication is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Urine drug testing Page(s): 43.

Decision rationale: According to CA MTUS Guidelines, a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no indication for a urine toxicology screen. The patient is not taking opioid medications. Medical necessity of the requested service has not been established. The requested urine test is not medically necessary.

Miralax 17 Gram: 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 Medscape Internal Medicine (2014), Miralax

Decision rationale: Miralax is in a class of medicines called osmotic laxatives. It works by causing water to be retained in the stool. This softens the stool and increases the number of bowel movements. Opioid-induced constipation is a common adverse effect of long-term opioid

use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, the patient has been on Miralax therapy beyond the recommended period of six months. In addition the patient is not maintained on opioid medications and has reported diarrhea. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Lovaza 4 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 35.

Decision rationale: According to CA MTUS fish oil is not indicated for the treatment of chronic pain. Lovaza is a prescription fish oil that contains esterified fatty acid ethyl esters. The documentation indicates the patient is already maintained on a statin for treatment of her hyperlipidemia. there is no indication for fish oil therapy. medical necessity for the requested medication is not established. the requested medication is not medically necessary.

Aspirin 81 MG #30: 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 United States Preventive Services Task Force (USPSTF)

Decision rationale: According to USPSTF recommendations aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women 55-80 years of age. The patient is 43 years old. There is no specific indication for aspirin therapy as the guidelines do not support prophylactic use of aspirin in woman under the age of 55. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.