

Case Number:	CM15-0171269		
Date Assigned:	09/11/2015	Date of Injury:	03/05/2013
Decision Date:	10/21/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on March 5, 2013. He reported an abrupt onset of lower back pain with radiation to his left groin area. Shortly after his injury, he noted abdominal pain in the epigastric area described as a burning sensation radiating to his chest. The injured worker was currently diagnosed as having NSAID induced gastropathy, constipation likely medication versus irritable bowel syndrome and hemorrhoids secondary to constipation. Treatment to date has included surgery, lumbar epidural injections, physical therapy, exercises, chiropractic treatment, acupuncture and medication. On July 15, 2015, the injured worker complained of lower back pain radiating to his left groin, abdominal pain, depression, anxiety and hemorrhoids. He reported abdominal bloating and lower abdominal cramping along with constipation and occasional loose stools. Anti-inflammatory agents were noted to aggravated his abdominal symptoms, therefore he stopped taking them several months prior to the exam date. He was noted to be placed on a proton pump inhibitor but he had "no meaningful benefit" as a result of the drug. Treatment recommendations included increasing his Protonix medication, H2 blockers added on an as needed basis, daily Metamucil, stool softeners, Proctoso HC cream, laboratory studies and a re-evaluation. On July 31, 2015, utilization review denied a request for Prostoso HC 2.5% cream #28.35, Docusate Sodium 100mg #60 and Pantoprazole Sodium 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proctosol HC 2.5% cream #28.35: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, a service of the U.S. National Library of Medicine: Hydrocortisone.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with lower back pain radiating to his left groin, abdominal pain, depression, anxiety and hemorrhoids. The request is for PROCTOSOL HC 2.5% CREAM #28.35. RFA with the request not provided. Patient's diagnosis on 07/15/15 includes NSAID induced gastropathy; constipation likely medication versus irritable bowel syndrome; and hemorrhoids secondary to constipation. Treatment to date has included surgery, lumbar epidural injections, imaging studies, physical therapy, exercises, chiropractic treatment, acupuncture and medications. Patient's medications include Gabapentin, Ibuprofen, Protonix, Famotidine, Lidoderm patch, Docusate Sodium and Proctosol cream. Patient's work status not provided. MTUS, ACOEM and ODG guidelines do not discuss Hydrocortisone cream. MedlinePlus, a service of the U.S. National Library of Medicine, states that "Hydrocortisone is available with or without a prescription. Low-strength preparations (0.5% or 1%) are used without a prescription for the temporary relief of (1) minor skin irritations, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and (3) itching and irritation of the scalp. It is also used to relieve the discomfort of mouth sores. Hydrocortisone may be prescribed by your doctor to relieve the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions; the inflammation of ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems." Per progress report dated 07/15/15, treater states the patient "will be provided Proctosol HC cream to be used on an as-needed basis for his hemorrhoids." The patient has a diagnosis of hemorrhoids secondary to constipation. The request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

Docusate Sodium 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with lower back pain radiating to his left groin, abdominal pain, depression,

anxiety and hemorrhoids. The request is for Docusate Sodium 100 MG #60. RFA with the request not provided. Patient's diagnosis on 07/15/15 includes NSAID induced gastropathy; constipation likely medication versus irritable bowel syndrome; and hemorrhoids secondary to constipation. Treatment to date has included surgery, lumbar epidural injections, imaging studies, physical therapy, exercises, chiropractic treatment, acupuncture and medications. Patient's work status not provided. MTUS page 77, CRITERIA FOR USE OF OPIOIDS under Initiating Therapy states, "(d) Prophylactic treatment of constipation should be initiated." It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient presents with a diagnosis of constipation. Patient's medications include Gabapentin, Ibuprofen, Protonix, Famotidine, Lidoderm patch, Docusate Sodium and Proctosol cream. MTUS Guidelines allows for prophylactic use of medications for constipation when opiates are taken. However, there is no indication the patient is undergoing opioid therapy based on medication list in provided medical records. Therefore, the request IS NOT medically necessary.

Pantoprazole Sodium 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with lower back pain radiating to his left groin, abdominal pain, depression, anxiety and hemorrhoids. The request is for Pantoprazole Sodium 20 MG. RFA with the request not provided. Patient's diagnosis on 07/15/15 includes NSAID induced gastropathy; constipation likely medication versus irritable bowel syndrome; and hemorrhoids secondary to constipation. Treatment to date has included surgery, lumbar epidural injections, imaging studies, physical therapy, exercises, chiropractic treatment, acupuncture and medications. Patient's medications include Gabapentin, Ibuprofen, Protonix, Famotidine, Lidoderm patch, Docusate Sodium and Proctosol cream. Patient's work status not provided. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole (Protonix) is included in patient's medications, per progress reports dated 02/13/15, and 03/24/15. MTUS supports the use of PPI inhibitors for medication- induced gastritis from oral NSAIDs. Per progress report dated 07/15/15, treater states the patient "stopped taking the anti-inflammatory several months ago. The patient has been placed on a proton pump inhibitor, though he states he has had no meaningful benefit as a result of that drug... As a derivative injury the patient began suffering from dyspeptic symptoms likely due to his use of anti-inflammatory agents to treat his orthopedic symptoms... H2 blockers will be added on an as needed basis." Per 09/16/15 report, treater states "PPI does help but does not alleviate pain..." In this case, benefit from this medication has not been established, and the patient is no longer undergoing NSAID therapy to warrant continuation. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

