

<b>Case Number:</b>	CM15-0069347		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/08/1998
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: 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 56 year old, male who sustained a work related injury on 10/8/98. The diagnoses has included anti-inflammatory drug-induced gastritis, dumping syndrome, irritable bowel syndrome, medication toxicity and weight loss. Treatments have included previous gastrointestinal endoscopies, medications and abdominal surgery. In the Primary Treating Physician's Internal Medicine Consultation Report dated 2/17/15, the injured worker was treated with anti-inflammatory medications in the past and has gastric ulcerations which required surgery. He complains of intense abdominal pain. He has episodes of nausea. He has lost 10 to 11 pounds. He has a history of severe constipation. The treatment plan is requesting authorization for an upper gastrointestinal endoscopy and colonoscopy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colonoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content>.

**Decision rationale:** Screening colonoscopy is indicated in asymptomatic patients beginning at age 50 and in patients with a family history of Colon Cancer. Colonoscopy is also recommended to confirm the initial diagnosis of Inflammatory Bowel Disease (IBD), distinguish ulcerative colitis from Crohn's disease and to assess disease extent and activity and to monitor response to therapy for IBD. Documentation shows that the injured worker has history of Irritable Bowel Disease with constipation, Duodenal Ulcer with prior GI surgery and subsequent chronic abdominal pain, heartburn and nausea. Physician report at the time of the requested service under review indicates epigastric and right upper quadrant abdominal tenderness on physical examination. There is also evidence of prior normal colonoscopy. Documentation fails to show any acute changes in the injured worker's symptoms or objective evidence that the presenting abdominal complains are consistent with Inflammatory Bowel Disease. Although the injured worker may be due for repeat screening colonoscopy, there is lack of sufficient information to demonstrate that work-related injury necessitates the procedure at the time of the request. The request for colonoscopy is not medically necessary per guidelines.

**Compazine 5mg #100, one three times a day:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Compazine is used to control severe nausea and vomiting. This medication is also used to treat the symptoms of schizophrenia and anxiety (on a short-term basis) when it is not controlled by other medications. Documentation indicates that the injured worker complains of chronic abdominal pain with associated nausea and vomiting. The continued use of Compazine to manage these symptoms is reasonable and clinically appropriate. The request for Compazine 5mg #100, one three times a day is medically necessary.

**Xanax 2mg #100, one daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this

medication for a longer duration of time with no significant improvement in function. The request for Xanax 2mg #100, one daily is not medically necessary.

**Percocet 5/325mg #90, one three times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, Jane C Ballantyne, MD and Jianred Mao MD, PhD - N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation shows that the injured worker has history of constipation and complains of chronic abdominal pain. Physician report fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. Furthermore, chronic opioid use poses increased risk of developing medication side effects, which includes constipation. In the absence of significant response to treatment, the request for Percocet 5/325mg #90, one three times daily is not medically necessary.