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| Case Number: | CM15-0075218 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 09/15/2000 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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 Jersey, Alabama, 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:

This 58 year old female sustained an industrial injury to the back and multiple body parts on 9/15/00. Previous treatment included magnetic resonance imaging, epidural steroid injections, acupuncture and medications. In a PR-2 dated 2/11/15, the physician documented that subjective complaints included ongoing lyopeptic symptoms. Objective findings included elevated liver enzymes and stools positive for Helicobacter pylori. Current diagnoses included gastritis, history of Helicobacter pylori and fatty liver. The treatment plan included a fourteen day course of Flagyl, continued use of a proton pump inhibitor and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiber-Lax 500mg quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to ODG guidelines, Fiber-Lax 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, Fiber-Lax 500 mg quantity 30 with three refills is not medically necessary.