

Case Number:	CM15-0087717		
Date Assigned:	05/12/2015	Date of Injury:	09/15/2011
Decision Date:	10/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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: Emergency 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 66 year old, female who sustained a work related injury on 9/15/11. The diagnoses have included gastropathy-suspect ulcers/anatomic alterations/status post H. pylori treatment, constipation and sleep disorder. The treatment has included medications, previous use of anti-inflammatory medications and diet modifications. In the PR-2 dated 3/9/15, the injured worker states improvement of abdominal pain and gastroesophageal reflux. No abnormal findings in cardiac, respiratory or gastrointestinal examination. The treatment plan includes requests for lab work, for cardiorespiratory testing and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Resp Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation None can be offered as the specific request is unknown.

Decision rationale: The request is for cardiorespiratory testing. The specific request is not defined. Cardiac and respiratory testing could include blood testing, EKG, pulmonary function testing, cardiac stress testing. No opinion can be given until the specific test requested is clarified. As such, it is not medically necessary.

Prilosec 20mg #30: 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: The request is for the use of a medication in the class of a proton pump inhibitor. This is usually given as an acid reducing medication for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(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)." Due to the fact the patient has not seen a gastroenterologist and does not have a definitive diagnosis, she does meet the above stated criteria, the request for use is not certified. Therefore, the requested treatment is not medically necessary.

Gaviscon 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid2d74e5bc>.

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

Decision rationale: The request is for the use of the medication Gaviscon which is a non-prescription medicine taken orally to treat heartburn and gastro-esophageal disease (GERD). The guidelines do not specifically address or advise the use of this acid reducing product but does make recommendations regarding medications in the same general category classified as proton pump inhibitors. This is usually given for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain, which have side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically with a proton pump inhibitor or Misoprostol. Criteria for risk are as follows: "(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)." Due to the fact the patient does not have a definitive diagnosis regarding the above stated criteria, the request for use is certified. Therefore, the requested treatment is not medically necessary.

Citrucel #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3544045/>.

Decision rationale: The request is for Citrucel. This is a supplement usually used to aid in constipation relief. The MTUS and ODG are silent regarding this topic. The above guidelines conclude the following: "Dietary fiber intake can obviously increase stool frequency in patients with constipation. It does not obviously improve stool consistency, treatment success, laxative use and painful defecation." In this case, the use of Citrucel is not indicated. It is unclear why the patient is unable to increase her dietary fiber. There is also an inadequate diagnosis as to the etiology of the constipation or dietary restorative measures undertaken, which is essential for treatment. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

Colace 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug/drug-9831-doc-Q-lace+oral.aspx?drugid=9831&drugname=doc-q-lace+oral>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780140/>.

Decision rationale: The request is for the use of Colace which is a product usually used for constipation. Its active ingredient is docusate sodium which is a surface active agent laxative. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Docusate is an effective agent and can be used safely for chronic constipation. In this case, there is inadequate documentation of a full evaluation delineating the etiology of the patient's symptoms as well as non-pharmacologic dietary treatment rendered. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

Probiotics #60: 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://reference.medscape.com/drug/acid) <http://reference.medscape.com/drug/acid>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23981066>.

Decision rationale: The request is for the use of probiotics. The MTUS and ACOEM guidelines do not offer advice regarding this topic. Further, the ODG guidelines also do not comment on the use of this supplement. The alternative reference states that specified probiotics can provide benefit in IBS and antibiotic-associated diarrhea. Relatively few studies suggested benefits regarding other indications warranting further research. In this case, there is inadequate scientific evidence to justify a condition which would benefit from probiotic use. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

Amtiza 8mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2546479/>.

Decision rationale: The request is for the use of Amitiza. This is a medication, which is used for constipation. The MTUS and ODG guidelines are silent regarding this topic. The above source states the following regarding this product: "Pre-clinical trials have shown high specificity of the drug for CIC-2 channels. Animal studies have shown that lubiprostone significantly increases small intestinal fluid volume and also elevates intestinal fluid chloride concentration without altering serum electrolyte concentrations. Double-blinded, randomized human studies have demonstrated that lubiprostone accelerates small bowel and colonic transit. Well-designed clinical trials and larger open-label trials have established lubiprostone as a safe and effective treatment option for chronic constipation that is generally well-tolerated. Future studies will determine its utility in other functional bowel disorders, especially opioid-induced constipation and irritable bowel syndrome with constipation." In this case, Amitiza is not indicated. This is secondary to poor documentation regarding the etiology of the constipation as well as restorative dietary measures undertaken. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

Urine drug screen (U Tox): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

GI Profile Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unable to source due to lack of clarity regarding the request.

Decision rationale: The request is for GI profile lab testing. The specific blood test is not defined. GI profile testing could include pancreatic or liver function but this is not clear based on the request. No opinion can be given until the specific test requested is clarified. As such, it is not medically necessary.