

Case Number:	CM15-0097619		
Date Assigned:	05/28/2015	Date of Injury:	01/23/2010
Decision Date:	09/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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: California, Arizona

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 53-year-old female injured worker suffered an industrial injury on 01/23/2010. The diagnoses included gastritis, irritable bowel syndrome, internal hemorrhoids and hypertension. The injured worker had been treated with medications. On 5/6/2015 the treating provider reported no diarrhea and unchanged constipation and unchanged right upper quadrant abdominal pain, bloating. On exam, there was 1 plus tenderness to the epigastric area. The treatment plan included Ranitidine, Gaviscon, Citrucel, Anusol Suppositories, Colace, Bentyl and Labs to include: GI (gastrointestinal) and HTN (hypertension) profiles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg QTY: 30.00 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Management of Chronic/ Long term GERD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H2 blockers Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors and Histamine receptor antagonists are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). The injured worker has a diagnosis of Gastritis, but there is no medication frequency noted within the request and as such, this request cannot be certified at this time without clarification. Therefore the request is not medically necessary.

Gaviscon, 1 bottle with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System: Gastroesophageal reflux disease, May 2010, pg 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation GlaxoSmithKline.

Decision rationale: According to the website for the manufacturer of this product, it is noted that it is a form of treatment for GERD or dyspepsia. The injured worker carries a diagnosis of gastritis, but within the request there is no frequency listed so without clarification, this request is not medically necessary.

Citrucel QTY: 120.00 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing & Supportive Case: Clinical guidelines, no 61, Feb 2008, pg 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation.

Decision rationale: Citrucel is a bulk forming laxative (methylcellulose). ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining proper hydration, and following a diet rich in fiber. Over the counter medications such as stool softeners may be used as well. Second-line agents include prescription medications. Within the request, there is no mention of frequency and as such, this request cannot be supported at this time. Therefore the request is not medically necessary.

Anusol Suppositories, 1 box with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing & Supportive Case: Clinical guidelines, no 61, Feb 2008, pg 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

Decision rationale: Anusol suppositories can be used, according to the National Library of Medicine, to treat hemorrhoidal conditions. This injured worker maintains a diagnosis of internal hemorrhoids and thus, this request is reasonable and supported. The request is medically necessary.

Colace 100mg QTY: 60. 00 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing & Supportive Case: Clinical guidelines, no 61, Feb 2008, pg 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, GI prophylaxis Page(s): 77. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: According to CA MTUS, in those on opioids, prophylaxis with stool softening agents can be considered. In this case, the injured worker has irritable bowel syndrome, and chronic constipation. She would benefit from use of Colace to help maintain bowel regularity and as such, the request is medically necessary.

Bentyl 10mg QTY: 60. 00 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Gastroenterol, June 1981, pages 153- 156.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. There is mention of 2 refills with this request. Long-term use is not indicated. This request is not medically necessary.

Labs to include: GI (gastrointestinal) and HTN (hypertension) profiles: 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 NSAIDs, adverse events Page(s): 70.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G. I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. There is no mention that the injured worker is at risk for lab abnormalities, including elevated glucose, renal failure, or otherwise. Medical necessity has yet to be substantiated. Therefore the request is not medically necessary.