

<b>Case Number:</b>	CM14-0052821		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, Indiana, 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 32 year-old male who sustained an industrial injury on 09-05-13. The injured worker was diagnosed with right great toe injury, cervical strain, thoracic strain, back injury, and rectal bleeding. Diagnostic testing and treatment to date has included laboratory evaluation, and symptomatic medication management. Currently, the injured worker complains of persistent rectal bleed. In a progress note dated 03-13-14, the treating provider reports the injured worker's prior treatment included antibiotics, and anti-inflammatory medication. Rectal bleeding is subsequent to right great toe injury and treatment. Current plan of care is for the injured worker to absolutely stay off any and all non-steroidal anti-inflammatory agents. Requested treatments include Retrospective - hydrocortisone rectal suppositories #24 (DOS: 1/30/14). The injured worker is under work restrictions. Date of Utilization Review: 03-27-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective - Hydrocortisone rectal suppositories #24 (DOS: 1/30/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.merckmanuals.com/professional/gastrointestinal\\_disorders/anorectal\\_disorders/hemorrhoids.html?qt=hemorrhoids&alt+sh#v895173](http://www.merckmanuals.com/professional/gastrointestinal_disorders/anorectal_disorders/hemorrhoids.html?qt=hemorrhoids&alt+sh#v895173).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a562f3d7-2692-4357-aade-ae50afcbfddd>.

**Decision rationale:** Pursuant to Dailymed, retrospective hydrocortisone rectal suppositories #24 date of service January 30, 2014 is not medically necessary. For use in inflamed hemorrhoids, post-irradiation (factitial) proctitis, as an adjunct in the treatment of chronic ulcerative colitis, cryptitis, other inflammatory conditions of the anorectum, and pruritis ani. In this case, the injured worker's working diagnoses are right great toe injury; back injury September 5, 2013; and rectal bleeding subsequent to the right great toe injury. Date of injury is September 5, 2013. Request for authorization is March 3, 2014. According to a January 30, 2014 internal medicine provider consultation, a safe fell on the injured worker's right great toe. The injured worker developed rectal bleeding later in the month. There is no past medical history of rectal bleeding. A rectal examination did not show external hemorrhoids. There was no documentation of internal hemorrhoids or inflammation. There is no clinical indication for hydrocortisone rectal suppositories in the absence of inflammation or an anorectal condition requiring hydrocortisone rectal suppositories. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and clinical documentation with a clinical indication and rationale for hydrocortisone rectal suppositories, retrospective hydrocortisone rectal suppositories #24 date of service January 30, 2014 is not medically necessary.