

Case Number:	CM13-0028986		
Date Assigned:	11/01/2013	Date of Injury:	11/05/2003
Decision Date:	01/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant 52 year old injured worker who has filed a claim for chronic mid back pain and chronic low back pain reportedly associated with an industrial injury of November 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; attorney representation; apparent diagnosis with sleep apnea; prior L5-S1 lumbar fusion surgeries; electrodiagnostic testing of June 25 2008, notable for a chronic left L5 radiculopathy; and the impairment imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent work restrictions in place. In a utilization review report of September 19, 2013, the claims administrator denied a request for glucosamine and Carafate. The applicant's attorney later appealed, on September 24, 2013. The late note of September 30, 2013 is notable for comments that the applicant reports multifocal pain complaints, sleep disturbance, hypertension, sleep apnea, and insomnia. The applicant is presently on intrathecal morphine, bupivacaine, Norco, Neurontin, Prilosec, Fexmid, Zofran, testosterone, medical marijuana, Diovan, Carafate, Norvasc, Nuvigil, Dendracin, and Dexilant. It is stated that the applicant carries a diagnosis of medication-induced gastritis and reports significant GI discomfort, irritability, burning abdominal pain, and intermittent nausea or vomiting requiring Zofran. The applicant has endoscopically, confirmed gastric and esophageal ulcers, is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-Flex (Glucosamine) 500mg, 3 times a day, quantity 90/30 day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine(and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of those individuals with moderate arthritis pain, especially for knee arthritis. In this case, however, the documentation on file established the presence of many diagnoses, including chronic low back pain status post lumbar fusion surgery, history of ulcers, sleep apnea, hypertension, erectile dysfunction, medication-induced gastritis, obstructive sleep apnea, history of stroke, etc. There is no mention of radiographically confirmed or clinical evident knee arthritis for which glucosamine would be indicated. The request for Medi-Flex (Glucosamine) 500mg, 3 times a day, quantity 90/30 day is not medically necessary and appropriate.

Carafate 1gm, 4 times a day, quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.accessdata.fda.gov/drugsatfda_docs/label/2007/019183s0111bl.pdf Electronic source, <http://www.pdr.net/drug-summary/carafate-suspension?druglabelid=2243>

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) states that Carafate is indicated in the short-term treatment of active duodenal ulcers. The Physician's Drug Reference (PDR) notes that Carafate can be employed both in the short-term treatment of active duodenal ulcer and as part of maintenance therapy for duodenal ulcer at a reduced dosage after confirmed healing of the duodenal ulcer. In this case, the documentation on file does not clearly state or establish when the employee was given a diagnosis of endoscopically, confirmed peptic ulcer disease/duodenal ulcer disease. Nevertheless, on balance, continuing the same is indicated as the employee received this diagnosis at some point in the past and still has some residual gastrointestinal symptoms for which Carafate would be indicated. The request for Carafate 1gm, 4 times a day, quantity 120 is medically necessary and appropriate.