

<b>Case Number:</b>	CM13-0064315		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/02/2000
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 patient is an employee of [REDACTED] and has filed a claim for rheumatoid arthritis associated with an industrial injury date of January 2, 2000. Treatment to date has included oral and topical medications. Medical records from 2013 were reviewed showing a diagnosis of rheumatoid arthritis. The ferrous sulfate was requested for a recently-developed anemia. Prilosec and Gabatidine were prescribed for gastropathy. Azulfidine and Theraproxen were prescribed for stiffness and pain associated with rheumatoid arthritis. The July 2013 progress note showed continued body pain, chronic fatigue, and sleeping problems. There were complaints of pain and stiffness in the joints. On examination, the patient had rheumatoid arthritis deformities in the hands and fingers. There was no new joint swelling. The patient was noted to have a hemoglobin of 10.4 during this visit. A utilization review from November 2013 denied the requests for ferrous sulfate due to no official lab results, prilosec due to no clinical, imaging, or endoscopy data to support its use, azulfidine due to no evidence of ulcerative colitis, theraproxen due to no indication for medical foods, and gabatidine due to no evidence of gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FERROUS SULFATE 325MG #30 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DA, Ferrous Sulfate.

**Decision rationale:** The MTUS Guidelines does not address this topic. The FDA indicates the use of ferrous sulfate for the treatment of anemia. In this case the patient has been prescribed ferrous sulfate since July 2013. However, there have been no updated laboratory results in the medical records provided for review that demonstrate anemia since the initial prescription. Therefore, the request for Ferrous Sulfate is not medically necessary and appropriate.

**PRILOSEC 20MG, 2 CAPSULES, #60 WITH 2 REFILLS:** 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 section on NSAIDs Page(s): 68.

**Decision rationale:** As stated on page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been prescribed Prilosec as early as November. However, the documentation does not provide evidence of GI upset during the patient's prescription. Therefore, the request for Prilosec is not medically necessary and appropriate.

**AZULFDINE 500MG, #120 WITH 2 REFILLS:** Overturned

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

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

**Decision rationale:** The MTUS Guidelines does not address this topic. The FDA indicates the use of Azulfidine for the treatment of rheumatoid arthritis. In this case, the patient has been diagnosed with rheumatoid arthritis. The patient has been using this medication since July 2013. A physical examination demonstrated rheumatoid arthritis findings for the hands and fingers. Therefore, the request is medically necessary and appropriate.

**THERAPROXEN (THERAMINE 3 TABS DAILY/NAPROXEN 1 CAPSULE BID):**  
Upheld

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

**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, Theramine.

**Decision rationale:** The MTUS Guidelines does not specifically address medical foods. The ODG states that Theramine is not recommended. In this case, the documentation provided for review does not have a discussion concerning the indication for this medical food and the need for variance from the guidelines. Therefore, the request for Theramine is not medically necessary.

**GABITIDINE (GABADONE 2 CAPSULES/RANITIDINE 1 CAPSULE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Co-Pack Drugs And Gabadone.

**Decision rationale:** Gabitidine is a co-pack drug which includes Ranitidine and GABAdone. Page 69 of the MTUS Chronic Pain Guidelines state that histamine receptor antagonists, such as ranitidine, may be used for gastrointestinal upsets. The Official Disability Guidelines states that GABAdone is not recommended as it is a medical food with a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxy tryptophan, and GABA. In this case, there is no discussion as to why Ranitidine must be prescribed as a co-pack drug with the non-recommended component, GABAdone. In addition, there was no evidence in the medical records provided for review that the patient was suffering from GI upset. Therefore, the request for Gabitidine is not medically necessary and appropriate.