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| Case Number: | CM13-0067735 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/10/2008 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 injured worker reported an injury on 03/10/2008. The mechanism of injury was not stated. Current diagnoses include marked exacerbation of axial cervical spine pain, cervical facet mediated injury, carpal tunnel syndrome, and lateral epicondylitis. The injured worker was evaluated on 11/26/2013. The injured worker reported persistent numbness and tingling with radicular pain in the bilateral upper extremities. Current medications include Carafate Suspension, baclofen 10 mg and trimethobenzamide 300 mg. Physical examination on that date was not provided. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARAFATE 1 GM/10 ML SOLUTION #410 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Drugs.com (<http://www.drugs.com/pro/carafate-tablets.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 May 2014.

Decision rationale: Carafate is used to treat and prevent the return of duodenal ulcers. Carafate is in a class of medications called protectants which stick to damaged ulcer tissue and protect against acid and enzymes to promote healing. The injured worker does not maintain a diagnosis of duodenal ulcers. The medical necessity for the requested medication has not been established. Additionally, the injured worker has utilized Carafate Suspension since 08/2013 and continuously reports GI symptoms such as heartburn. Therefore, based on the clinical information received, the request for Carafate 1gm/10ml solution #310 with 3 refills is not medically necessary and appropriate.

TRIMETHOBENZAMIDE 300 MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Drugs.com (<http://www.drugs.com/pro/trlmethobenzamide.html>).

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

Decision rationale: Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the current request cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. Therefore, the request for Trimethobenzamide 300mg #50 is not medically necessary and appropriate.

BACLOFEN 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 64.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. Therefore, the request for Baclofen 10mg #90 is not medically necessary and appropriate.