

<b>Case Number:</b>	CM13-0069777		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/27/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois. 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 a 42-year-old female who reported an injury on 11/27/2004. The mechanism of injury was not stated. The patient is currently diagnosed with gastroesophageal reflux disease, erosive gastritis, irritable bowel syndrome, sleep disorder, status post H pylori treatment, and severe RSD of the right upper extremity. The patient was seen by [REDACTED] on 11/01/2013. The patient reported ongoing irritable bowel symptoms with diarrhea, as well as acid reflux and epigastric pain. Physical examination revealed 1+ tenderness to palpation in the epigastrium region. The treatment recommendations at that time included continuation of current medications, including Theramine, Ranitidine, and Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THERAMINE #90 X 3 BOTTLES:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

**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, Theramine

**Decision rationale:** Official Disability Guidelines state Theramine is not recommended. As per the documentation submitted, the patient has utilized Theramine since at least 07/2013. Despite ongoing use, the patient continues to report severe symptoms in the right upper extremity. There is no documentation of objective functional improvement. As Official Disability Guidelines do not recommend treatment with Theramine, the current request is not medically appropriate. As such, the request is non-certified.

**RANITIDINE 150MG #30 (COPACK WITH GABADONE #60) X 3 BOTTLES:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the documentation submitted, the patient has utilized ranitidine 150 mg (co-pak with GABAdone) since at least 07/2013. While it is noted that the patient maintains diagnoses of gastroesophageal reflux disease, erosive gastritis, and irritable bowel syndrome, the medical necessity for the compounded medication has not been established. Despite ongoing use of this medication, the patient continues to note irritable bowel symptoms with diarrhea, acid reflux, and epigastric pain. Based on the clinical information received, the request is non-certified.

**DEXILANT 60MG WITH TWO (2) REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, the patient does maintain diagnoses of gastroesophageal reflux disease, erosive gastritis, and irritable bowel syndrome. The patient has previously utilized Prilosec, which was discontinued due to ineffectiveness.

Therefore, the medical necessity for the requested medication has been established. Based on the clinical information received, the request is certified.