

Case Number:	CM14-0000202		
Date Assigned:	01/08/2014	Date of Injury:	11/27/2004
Decision Date:	04/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 42 year old female with a date of injury on 11/27/2004. The listed diagnosis on the State of California Workers Compensation forms is esophageal reflux. There is no documentation that esophageal reflux was caused by an industrial injury. On 10/04/2011 it was noted that she has a histrionic personality. It was noted in that note that on 10/07/2008 it was noted that she had depression. She was treated with Zoloft and for insomnia Ambien CR. On 11/01/2013 it was noted that the patient had gastritis secondary to NSAIDS used in the past. She had right upper extremity complex regional pain syndrome. She had been treated with Prilosec but this was discontinued since it was not effective treatment of her symptoms. On 12/02/2013 it was noted that she had depression. One of the diagnoses was right upper extremity complex regional pain disorder. She was to continue Lyrica, Ambien, Nortriptyline and start Cymbalta. She remained P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This drug is not a MTUS Chronic pain treatment. It is used to treat ulcers which have not been documented in this patient. NSAIDS have been discontinued previously when it was noted to cause gastritis in this patient. There is no documentation of an FDA approved indication for carafate.

Probiotics #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: MTUS, ACOEM and ODG do not mention probiotics as a recommended treatment. This is medical food and has not been documented as effective treatment for esophageal reflux.

Sentra PM #60 x 3 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: There is no objective documentation of any specific sleep disorder. As noted in the previous review this medication is a medical food. She may have difficulty sleeping because of pain. MTUS Chronic pain and ODG do not mention Sentra PM as a recommended treatment. She has already been prescribed Ambien and Nortriptyline. The addition of Sentra PM to this regimen is not indicated.