

Case Number:	CM14-0015009		
Date Assigned:	02/28/2014	Date of Injury:	03/08/2000
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Medicine and is licensed to practice in Utah. 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 46 year-old male. The patient's date of injury was March 8, 2014. The mechanism of injury was unclear according to the clinical documents. The patient has been diagnosed with Mood disorder, post laminectomy syndrome of the lumbar region, Lumbago, Anxiety, Depression, Reflux, History of GI bleed secondary to Mallory-Weiss tear. The patient's treatments have included medications, imaging studies and psychological evaluations. The physical exam findings show a chronically ill appearing male, with redundant loose skin consistent with extensive weight loss. The back exam is reported as having a decreased lordosis with diminished range of motion about 80% of normal. Medications include, but are not limited to, Flexeril, Tegaderm, Lunesta, Sucralfate, Duragesic patch, Lorazepam and Xanax. It is unclear according to the clinical documents, when this medication was started. Document of Jan 7, 2014 states the patients lab work was normal, and he is no longer having a GI bleed, states Carafate is helping with his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUCRALFATE 1MG X 120 NO REFILLS: Overturned

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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com Carafate.

Decision rationale: According to the clinical documentation provided and current California Medical Treatment Guidelines (MTUS) guidelines; Sucralfate is indicated as a medical necessity for this patient. In this case, Sucralfate is needed as a maintenance therapy due to his previous bleeds. Therefore, the requested Sucralfate is medically necessary and appropriate.