

Case Number:	CM14-0122235		
Date Assigned:	08/06/2014	Date of Injury:	08/05/1998
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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 Practice and is licensed to practice in Texas & Mississippi. 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 is a 50-year-old female with a reported date of injury on 08/05/1998. The mechanism of injury was not submitted within medical records. Her diagnoses were noted to include abdominal pain, constipation, bright red blood per rectum, dysphasia, blurred vision, and chest pain. Her previous treatments were noted to include medication. The progress note dated 05/06/2014 revealed complaints of abdominal pain, constipation, and blurred vision. The physical examination revealed tenderness and range of motion to the extremities was deferred to the appropriate specialist; the abdomen was soft with normal active bowel sounds. Her medications were noted to include Hydrochlorothiazide #45, 25mg daily, Nexium #45, 40mg daily, Carafate #180, 1g four times daily, Probiotics #90, daily, Aspirin 81mg daily #45, and Linzess 145mcg twice daily #90. A lab report dated 03/10/2014 was reported by the provider as a positive H Pylori antibody test and the abdominal ultrasound was negative. The Request for Authorization form dated 05/06/2014 was for Carafate 1 g #120 and Probiotics #60; however, the provider's rationale was not submitted within the medical records. The Request for Authorization form dated 05/06/2014 was to rule out organ damage, secondary to hypertension, and a gastrointestinal consultation for occasional bright red blood per rectum and dysphasia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1g #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sucralfate:MedlinePlus Drug Information.

Decision rationale: The request for Carafate 1g #120 is not medically necessary. The injured worker was diagnosed with internal hemorrhoids. Sucralfate is used to treat and prevent the return of duodenal ulcers (ulcers located in first part of the small intestine). Treatment with other medications, such as antibiotics, may also be necessary to treat and prevent the return of ulcers caused by a certain type of bacteria (*H. pylori*) Sucralfate is in a class of medications called protectants. It sticks to damaged ulcer tissue and protects against acid and enzymes so healing can occur. There is a lack of significant clinical findings to warrant Carafate in regards to duodenal ulcers and previous treatments attempted. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Probiotics #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lactobacillu:MedlinePlus Drug Information.

Decision rationale: The request for Probiotics #60 is not medically necessary. The injured worker complains of abdominal pain and constipation. Lactobacillus is a type of bacteria. There are lots of different species of lactobacillus. These are "friendly" bacteria that normally live in our digestive, urinary, and genital systems without causing disease. Lactobacillus is also in some fermented foods like yogurt and in dietary supplements. Lactobacillus is used for treating and preventing diarrhea, including infectious types such as rotaviral diarrhea in children and traveler's diarrhea. It is also used to prevent and treat diarrhea associated with using antibiotics. Some people use lactobacillus for general digestion problems; irritable bowel syndrome (IBS); colic in babies; Crohn's disease; inflammation of the colon; and a serious gut problem called necrotizing enterocolitis (NEC) in babies born prematurely. Lactobacillus is also used for infection with *Helicobacter pylori*, the type of bacteria that causes ulcers, and also for other types of infections including urinary tract infections (UTIs), vaginal yeast infections, to prevent the common cold in adults, and to prevent respiratory infections in children attending daycare centers. It is also being tested to prevent serious infections in people on ventilators. There is a lack of clinical findings to necessitate probiotics. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ophthalmology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for Ophthalmology consult is medically necessary. The injured worker complains of blurry vision due to hypertension. The CA MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The injured worker is diagnosed with hypertension and does complain of blurry vision. Given such, the medical necessity of this consultation is established for further monitoring of the condition and possible treatment modification. Therefore, the request is medically necessary.

GI consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for GI consult is medically necessary. The injured worker complains of abdominal pain and rectal bleeding with diagnosed hemorrhoids. The CA MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The documentation provided indicated the injured worker has positive H. Pylori test, bright red blood per rectum, constipation and abdominal pain. Given

such, the medical necessity is established to update the injured worker's current condition and for further treatment management. Therefore, the request is medically necessary.