

Case Number:	CM14-0159369		
Date Assigned:	10/03/2014	Date of Injury:	11/15/2001
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 is a 43-year-old female who sustained an injury on November 15, 2001. She is diagnosed with (a) shoulder-hand syndrome and (b) reflex sympathetic dystrophy of the upper limb. She was seen for an evaluation on August 26, 2014. She complained of bilateral feet pain and bilateral lower extremity pain with centralization into the low back. She also reported interference with sleep and headaches. The examination revealed antalgic gait favoring the right over the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 100mg/ml take 10ml 3 times a day for 30 days, 420ml x 2 bottles, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sucralfate Carafate <www.medicinenet.com> accessed October 22, 2014

Decision rationale: The request for Carafate 100 mg/ml is not medically necessary. Sucralfate Carafate is used for the treatment of peptic ulcer disease and to prevent recurrent ulcers after healing of the ulcer has been achieved. It also has been used to relieve or prevent ulcers caused

by non-steroidal anti-inflammatory drugs but is less effective than misoprostol (Cytotec). Sucralfate also is used in the treatment of patients with gastroesophageal reflux disease and to prevent ulcers associated with high degrees of physical stress (for example, extensive burns, surgery, and overwhelming infection) in hospitalized patients. From the medical records received, Carafate was prescribed for gastrointestinal upset related to medication use. However, the injured worker is currently not taking any non-steroidal anti-inflammatory drugs and the current clinical presentation of the injured worker does not satisfy the criteria that are used to determine if a patient is at risk for gastrointestinal events. Moreover, there is no documentation of a healing or recurrence of ulcer. Based on these reasons, the medical necessity of the requested Carafate 100mg/mL take 10mL 3 times a day for 30 days, 420mL x2 bottles, 1 refill is not established. Therefore, this request is not medically necessary.

Dilaudid 4mg tab take 1 tab every 3 hours prn #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: The request for Dilaudid 4 mg #15 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions. More so, there were no significant objective findings that warrant the need for Dilaudid. Hence, the request for Dilaudid 4 mg #15 is not medically necessary.

Klonopin 0.5mg tab take 1 tab up to twice a day prn #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Klonopin 0.5 mg #60 is not medically necessary at this time. The Official Disability Guidelines (ODG) stated that benzodiazepine, such as Klonopin, is not recommended for long-term use unless the injured worker is being seen by a psychiatrist. There was no indication in the reviewed medical records that the injured worker is being evaluated by a psychiatrist. More so, it has also been determined that the injured worker has been taking Klonopin on a long-term basis, specifically since March 2014. Therefore, this request is not medically necessary.

Neurontin 300mg take 1 cap 3 times a day #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49.

Decision rationale: The request for Neurontin 300 mg #80 is not medically necessary. This medication is indicated only for cases of diabetic neuropathy, postherpetic neuralgia, and neuropathic pain. The injured worker does not exhibit any of these conditions. Therefore, this request is not medically necessary.

Norco 10/325mg take 1 tab every 8 hours prn #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: The request for Norco 10/325 mg #240 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions. There were no significant objective findings to necessitate the need for this medication. Therefore, this request is not medically necessary.