

Case Number:	CM14-0161621		
Date Assigned:	10/07/2014	Date of Injury:	08/05/1998
Decision Date:	11/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 that reported an injury on 08/05/1998. The mechanism of injury was listed as; an injury to her neck and back while performing her usual and customary duties as a data entry operator. Her diagnoses include; abdominal pain, constipation, bright red blood per rectum, rule out hemorrhoids secondary to constipation, dysphagia, blurred vision, rule out secondary to hypertension, history of chest pain, shortness of breath, obstructive sleep apnea and right knee internal derangement. Her past treatment includes medication, injection and physical therapy. There were no relevant diagnostic studies presented in the records. There was no relevant surgical history documented in the notes. On 07/30/2014 she reports controlled abdominal pain, constipation and dysphagia. There were no significant findings on physical exam. Her medications included hydrochlorothiazide 25mg once daily, Carafate 1g four times a day, Probiotics daily, aspirin 81mg daily and Linzess 145mg two times a day. The treatment plan includes Dexilant 60mg daily, consultation with ophthalmology and gastroenterology, increase fluids. The rationale for the request is not included in the submitted clinical information. The Request for Authorization form was submitted on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Carafate tablets RxList online database CARAFATE® (sucralfate) is indicated in:

Decision rationale: The request for Carafate is not medically necessary. There are no guidelines to support the use of this request. However the needed information was found in the online database RxList. CARAFATE (sucralfate) is indicated in short-term treatment (up to 8 weeks) of active duodenal ulcer and maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers. The injured worker had complains listed as controlled abdominal pain, constipation and dysphagia. However, the injured worker has no history of duodenal ulcer and there was no documentation of a duodenal ulcer in the clinical notes. In the absence of the above information the request is not supported. As such, 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 National Institutes of Health NCAM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Adult Probiotic oral, RxList, Online database.

Decision rationale: The request for Probiotic is not medically necessary. There are no guidelines to support the use of this request. However the needed information was found in the online database RxList. The injured worker had complains listed as controlled abdominal pain, constipation and dysphagia. Probiotics contain different types of micro-organisms such as yeast (*saccharomyces boulardii*) and bacteria (such as *lactobacillus*, *bifidobacterium*). Micro-organisms (flora) are naturally found in the stomach/intestines/vagina. Some conditions (such as antibiotic use, travel) can change the normal balance of bacteria/yeast. Probiotics are used to improve digestion and restore normal flora. Probiotics have been used to treat bowel problems (such as diarrhea, irritable bowel), eczema, vaginal yeast infections, lactose intolerance, and urinary tract infections. Probiotics are available in foods (such as yogurt, milk, juices, soy beverages) and as dietary supplements (capsules, tablets, powders). Different products have different uses. Some diet supplement products have been found to contain possibly harmful impurities/additives. The FDA has not reviewed this product for safety or effectiveness. The injured worker had complaints of constipation and abdominal pain. However there was no clear rational documented in the notes as to why the injured worker would need probiotics. In the absence of rational the request is not supported. As such, the request is not medically necessary.

Linzess #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicinenet.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Linzess RxList online database

Decision rationale: The request for Linzess is not medically necessary. There are no guidelines to support the use of this request. However the needed information was found in the online database RxList. Linzess is indicated for treatment of Irritable Bowel Syndrome with or without constipation and chronic idiopathic constipation. The injured worker had complaints to include controlled abdominal pain, constipation and dysphagia. The clinical indication for use, as indicated by the online database, supports treatment of irritable bowel and chronic constipation. However, there is no documented frequency and duration of her constipation, or diagnosis of irritable bowel syndrome. In the absence of the above information the request is not supported. As such, the request is not medically necessary.

Dexliant 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Proton Pump Inhibitor

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dexliant RxList online database

Decision rationale: The request for Dexliant is not medically necessary. There are no guidelines to support the use of this request. However the needed information was found in the online database RxList. Dexliant is indicated for the treatment of, healing erosive esophagitis, maintenance of healed erosive esophagitis, relief of heartburn for up to six months, symptomatic non-erosive gastro esophageal reflux disease, heartburn associated with symptomatic non-erosive gastro esophageal reflux disease (GERD) for four weeks. The injured worker had complaints to include controlled abdominal pain, constipation and dysphagia. The clinical indications for use indicate treatment of erosive and non-erosive esophagitis and gastro esophageal reflux disease and heartburn. There was no diagnosis of erosive esophagitis documented in the clinical notes. In the absence of the above information the request is not supported. As such, the request is not medically necessary.