

Case Number:	CM14-0171372		
Date Assigned:	10/23/2014	Date of Injury:	01/05/2000
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal Medicine 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:

According to the records made available for review, this is a 67-year-old male with a 1/5/00 date of injury. At the time (9/15/14) of request for authorization for Carafate 10ml #1200ml, there is documentation of subjective (ongoing abdominal pain, most typically associated with increased anxiety) and objective (soft abdomen and moderate tenderness over the upper central and adjacent right abdomen to palpation) findings, current diagnoses (dyspepsia, irritable bowel syndrome, and anxiety/depression), and treatment to date (physical modalities and medications (including ongoing therapy with Lomotil, Docusate, and Nexium with significant abdominal pain relief)). Medical report identifies a request for a trial of Carafate liquid to further control abdominal pain. There is no documentation of an indication for short-term (up to 8 weeks) treatment of active duodenal ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 10ml #1200ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA package insert for 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: (<http://www.drugs.com/pro/carafate.html>)

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies Carafate (sucralfate) as an oral suspension indicated in the short-term (up to 8 weeks) treatment of active duodenal ulcer. Within the medical information available for review, there is documentation of diagnoses of dyspepsia, irritable bowel syndrome, and anxiety/depression. However, despite documentation of a request for a trial of Carafate liquid to further control abdominal pain, there is no documentation of an indication for short-term (up to 8 weeks) treatment of active duodenal ulcer. In addition, given documentation that gastrointestinal medications and ongoing therapy with Lomotil, Docusate, and Nexium result in significant abdominal pain relief, there is no documentation of the medical necessity of the requested trial of Carafate liquid to further control abdominal pain. Therefore, based on guidelines and a review of the evidence, the request for Carafate 10ml #1200ml is not medically necessary.