

Case Number:	CM14-0021332		
Date Assigned:	05/07/2014	Date of Injury:	02/11/2006
Decision Date:	07/25/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in . 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 34-year-old male with a 2/11/06 date of injury. 5/8/13 Progress note described medications that include Prevpack, Miralax, Colace, Nexium, Citrucel, Sentra, and Tramadol. NSAIDs were noted to be avoided. The patient has no changes with acid reflux or abdominal pain. Diagnosis includes abdominal pain, acid reflux, likely secondary to NSAIDs, rule out ulcer/anatomical alteration, constipation, likely secondary to narcotics, positive H. pylori antigen in serum and positive urease breath test, sleep apnea, using CPAP, obesity, weight gain, SOB, likely secondary to stress, cephalgia, likely cervicogenic, sexual dysfunction, rule out industrial causation, diverticulosis, rule out industrial causation secondary to constipation, psychiatric diagnosis and orthopedic diagnosis. 10/24/13 Progress note described improving abdominal pain and acid reflex, but no change in constipation, sleep quality, SOB, headaches, or sexual dysfunction. The patient reported pain in the cervical spine, lumbar spine, bilateral shoulders, and right knee. 11/1/13 Progress note described Treatment to date has included PT, activity modification, lumbar ESI, and medication.

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 Alternative guidelines, American association of clinical Endocrinologists.

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 Description Carafate Suspension contains sucralfate and sucralfate is an \hat{I}^{\pm} -D-glucopyranoside, \hat{I}^2 -D-fructofuranosyl-, octakis-(hydrogen sulfate), aluminum complex. Indications and Usage for Carafate Carafate (sucralfate) Suspension is indicated in the short-term (up to 8 weeks) treatment of active duodenal ulcer. <http://www.drugs.com/pro/carafate.html>.

Decision rationale: Medical necessity for the requested Carafate is not established. FDA states that this medication is indicated for short-term (up to 8 weeks) treatment of active duodenal ulcer. Although the patient has gastric complaints, there is no objective evidence indicating the presence of a duodenal ulcer. Therefore the request is not medically necessary.

Medrox patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: Medical necessity is not established for the requested Medrox patches. A search of online resources identified Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation is not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request is not medically necessary.