MAXIMUS Federal Services

Case Number:	CM14-0037231		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2006
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The injured worker is a 59-year-old female who reported an injury on 12/05/2006. The mechanism of injury was a slip and fall. Diagnoses include cervical spine fusion dated 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy, multilevel disc herniation of cervical spine with moderate to severe neural foraminal narrowing, multi disc herniation of lumbar spine with mild to moderate neural foraminal narrowing. Previous treatments included physical therapy, acupuncture, medication, MRI, surgery, and iliac lumbar epidural steroid injections. Within the clinical note dated 05/13/2014 reported the injured worker complained of right shoulder, low back, and neck pain. She reported her pain had increased and was constant. She rated her pain 10/10 in severity. The injured worker complained of pain traveling from her low back to her left knee. She described her leg pain and back pain as hot, burning, and numbness. The injured worker reported radiation of pain and numbness down the right arm and hand. The injured worker complained of gastrointestinal upset. Upon the physical examination of the cervical spine, the provider noted tenderness to palpation in the paraspinal musculature, decreased sensation on the right C6-8 dermatomes. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the paraspinal musculature. The provider indicated the injured worker had difficulty rising from a squatted position or walking, due to weakness. The provider indicated the injured worker had decreased sensation bilaterally in the L3-S1 dermatome. The provider requested Carafate for gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1gm/10ml, #420ml with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May, 12 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation :Rxlist.com, Carafate Suspension, online database, http://www.rxlist.com/carafate-suspension-drug/patient-images-side-effects.htm.

Decision rationale: The injured worker complained of right shoulder, low back, and neck complaints. She rated her pain 10/10 in severity. The injured worker complained of continued gastrointestinal upset. Rxlist.com notes sucralfate, also known as Carafate, is an antiulcer medication. Sucralfate is not generally absorbed into the body through the digestive tract. It mainly works in the lining of the stomach by adhering to ulcer sites and protecting them from acid, enzymes, and bio salts. Sucralfate is used to treat an active duodenal ulcer. Sucralfate can heal an active ulcer, but will not prevent future ulcers from occurring. There is a lack of significant objective findings indicating the injured worker is treated for or diagnosed with a duodenal ulcer. There is a lack of clinical documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted fails to provide the frequency of the medication. There was a lack of significant objective findings indicating the injured worker's inability to consume a pill form over a liquid form. Therefore, the request is not medically necessary and appropriate.

Protonix 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar;108(3):308-28. PubMed External Web Site Policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of gastrointestinal upset. The MTUS Chronic Pain Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The clinical documentation submitted does not indicate the injured worker has a history of peptic ulcer disease, gastrointestinal bleed and/or perforation. There is a lack of documentation indicating the injured worker is at risk for gastrointestinal events. Additionally, there is a lack of

documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted fails to provide the efficacy of the medication as evidenced by significant functional improvement. The request submitted fails to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.