

Case Number:	CM14-0061371		
Date Assigned:	07/11/2014	Date of Injury:	10/21/2010
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with a date of injury of 10/22/2010. The listed diagnosis per the treating physician is left-sided L5-S1 disk protrusion with radiculopathy. There are 2 progress reports provided in this medical file. The report 02/17/2014 reports patient continues to have pain to his back, which radiates down to both legs, left worse than right. The physical examination revealed left paraspinal tenderness and left sciatic notch tenderness. Straight leg raise test is mildly positive on the left. The patient was provided with a refill of tramadol. The report 04/11/2014 does not specify a diagnosis. Subjective section is handwritten and grossly illegible. The objective section states weight is 151. The physical examination is all WNL unless specified below. Request for authorization from 04/11/2014 requests Carafate 1 gm #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1 gm, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk, pages 68-69.

Decision rationale: This patient continues to have pain to his back, which radiates down to both legs, left worse than right. The request is for Carafate 1 gm #90 with a refill. For prophylactic GI treatment, The MTUS Guidelines page 68 and 69 state that medications are recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication the patient is taking NSAID to consider the use of Carafate. The treating physician does not provide a discussion whether or not the patient presents with GI problems such as gastritis, ulcer, or reflux that requires the use of this medication either. Recommendation is for denial.