MAXIMUS Federal Services

Case Number:	CM14-0068967		
Date Assigned:	07/14/2014	Date of Injury:	05/22/2000
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational 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:

This patient is a 58 year old female who has developed a widespread chronic pain disorder involving both upper extremities. She was diagnosed with De'Quervains tenosynovitis secondary to a date of injury of 5/22/2000. This was successfully operated on in 2002, but the pain complaints spread and included the hands, wrists, forearms, elbows, and shoulders. She has been evaluated by several AME evaluators who have diagnosed a pain disorder not related to tissue and/or nerve damage in the upper extremities. The AME evaluators documented a pre-existing diagnosis of gastritis and GERD with the use of Nexium predating the injury. Her current medications are reported to be Celebrex, Xanaflex and Amityiptyline. There are no treating physicians' notes documenting increased symptoms from the Celebrex. There are no treating physicians' notes documenting the need for Sucralfate in addition to the Nexium. Conservative care in the form of acupuncture and chiropractic has not been helpful with functional improvements or lasting pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sucralfate 1gm #90/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.rxlist.com/carafate-drug/indications-dosage.htm.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of Proton Pump Inhibitors (PPI's) and a Cox 2 inhibitor if there are high GI risks in association with the use of NSAIDs. Guidelines do not recommend the addition of Sucralfate to this combination. There is no documentation that the use of Celebrex (a cox 2 inhibitor) and the Nexium (PPI inhibitor) has been inadequate for this patient. There is no documentation of an active ulcer or rehabilitation from an active ulcer. Sucralfate is recommended for use in the treatment of active ulcers or for the protection from re-occurrence of active ulcers. There is inadequate documentation to support an exception to Guideline recommendations. As such, the request is not medically necessary and appropriate.