MAXIMUS Federal Services

Case Number:	CM15-0009092		
Date Assigned:	02/10/2015	Date of Injury:	04/20/2009
Decision Date:	03/31/2015	UR Denial Date:	12/28/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 54 year old male who sustained an industrial injury on April 20, 2009. He has reported multiple physical and psychological complaints. The diagnoses have included abdominal pain, acid reflux, and constipation, hypertension with left ventricular hypertrophy, hiatal hernia, irritable bowel syndrome, gastric ulcer, chronic gastritis, cephalgia, and sleep apnea. Treatment to date has included medications. Currently, the IW complains of observed apneas, daytime drowsiness, nighttime sweating, and restless legs. He reports his constipation is improving. His blood pressure is noted to be 130/86 mm/Hg, body mass index 37.45. On December 28, 2014, Utilization Review non-certified Carafate 80mg #120 with 2 refills, and Simethicone 80mg #60 with 2 refills, and Aspirin 81mg with 2 refills. The request for Probiotics #60 with 2 refills was conditionally non-certified and requested additional information to complete the review of this medication. The MTUS guideline was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Carafate 80mg #120 with 2 refills, and Simethicone 80mg #60 with 2 refills, and Probiotics #60 with 2 refills, and Aspirin 81mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 80 mg with 2 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date Medical management of gastroesophageal reflux disease in adults Surface agents and alginates

Decision rationale: Regarding Carafate, both the MTUS and ODG guidelines make no recommendation for its use in gastroesophageal reflux disease (GERD). The cited guidelines state that Carafate is not effective for GERD due to its short duration of action except in the case of pregnancy. Therefore, Carafate 80mg #120 with 2 refills is not medically necessary or appropriate.

Simethicone 80 mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation (WGO) Global Guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date Treatment of irritable bowel syndrome in adults

Decision rationale: Regarding simethicone, both the MTUS and ODG guidelines make no recommendation for its use in the treatment of irritable bowel syndrome (IBS). The cited guideline advises to exclude foods that increase flatulence; however, it makes no recommendation for the use of simethicone or other antiflatulents as adjunctive therapy for the treatment of IBS. Based on the available literature, Simethicone 80mg #60 with 2 refills is not medically necessary.

30 ASA 81 mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Preventive Services Task Force

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The U.S. Preventive Services Task Force Aspirin for the Prevention of Cardiovascular Disease, Preventive Medication

Decision rationale: Regarding aspirin for the prevention of cardiovascular disease (CVD), both the MTUS and ODG guidelines make no recommendation for its use in prevention of cardiovascular disease. The cited U.S. Preventive Services Task Force (USPTF) encourages aspirin use in the men age 45-79 when the potential CVD benefit outweighs the potential harm of gastrointestinal (GI) bleeding. However, the standard risk level calculation of CVD vs GI

bleeding is only recommended for adults who are not taking non-steroidal anti-inflammatory medication and do not have upper GI pain or a history of GI ulcers. The injured worker does have a history of upper GI pain and ulcers; therefore, ASA 81 mg #30 with 2 refills is not medically necessary, based on the current clinical records.