

Case Number:	CM15-0105310		
Date Assigned:	06/09/2015	Date of Injury:	12/08/2005
Decision Date:	09/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
 Certification(s)/Specialty: 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 is a 47-year-old male, who sustained an industrial injury on 12/8/05. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee lateral meniscus tear with chondromalacia; secondary overuse syndrome left knee with residual medial meniscus tear; lumbar herniated nucleus pulposus; depression /anxiety/insomnia. Treatment to date has included status post right knee arthroscopy with lateral meniscus repair chondroplasty of the patella; status post L3-4 and L4-5 decompression/fusion (7/5/11). Diagnostics included abdominal ultrasound (2/6/15). Currently, the PR-2 notes dated 3/25/15 indicated the injured worker was in this office for an evaluation with noted improving abdominal pain, acid reflux and denies any constipation/diarrhea. He also denied blood in the stool since his last visit. The provider notes a clinical history of abdominal pain; history of stomach ulcers since 2011; acid reflux; constipation/diarrhea; and bright red blood per rectum. The provider ordered on this date a urine toxicology screen and GI profile for labs. A Barium enema and upper GI series are pending. He has a discussion with the injured worker to avoid all NSAID's, follow a low fat, low acid, IBS diet. He notes an abdominal ultrasound was done on 2/6/15 that revealed gallstones. The provider's treatment plan notes multiple reflux medications. He is requesting authorization of Carafate 1g #120 with 2 refills; Colace 100mg #60 with 2 refills; Gaviscon (bottle) with 2 refills; Prilosec 20mg #30 with 2 refills; Probiotics #60 with 2 refills and Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1g #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com/carafate and on the ACOEM Occupational Medicine Practice Guidelines, Chapter 6, page 115.

Decision rationale: CA MTUS does not specifically address the usage of Carafate. Carafate is indicated in the treatment of active duodenal ulcers. In this case, there is no evidence of an active duodenal ulcer. The upper endoscopy was reported as normal. There is a history of bright red blood per rectum; however, this is most likely from a lower GI source, for which Carafate is not indicated. Therefore, this request is not medically necessary or appropriate.

Colace 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Colace is a stool softener used on a short-term basis to relieve constipation. Guidelines recommend prophylactic treatment of constipation in patients taking opioids. In this case, based on the submitted documentation, it is not clear whether the patient still needs treatment for constipation. There is a history of both diarrhea and constipation. Further evaluation is needed to determine if the patient has another condition, such as irritable bowel syndrome, in order to determine the necessity of Colace. Therefore, the request is deemed not medically necessary or appropriate at this time.

Gaviscon (bottle) with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 6, page 115.

Decision rationale: The request is for Gaviscon. In this case, the patient is also taking Prilosec and Carafate. Gaviscon appears to be a redundant. There is no rationale presented for 3 separate GI medications for upper GI symptoms. The patient has had a normal upper endoscopy and has been diagnosed with a hiatal hernia without reflux and alcohol abuse. In this case, discontinuing

alcohol should resolve the patient's upper GI complaints as has been recommended in the past. There is no evidence that the patient has attempted to discontinue alcohol. Therefore, the request is not medically necessary or appropriate.

Prilosec 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI side effects Page(s): 68.

Decision rationale: The request is for Prilosec in a patient with a normal upper endoscopy, hiatal hernia without reflux, and alcohol abuse. Alcohol is a risk factor for GI events such as gastritis; therefore, the recommendation is to discontinue the alcohol. There are no other risk factors for GI events, such as age over 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroids or anticoagulants or high dose/multiple NSAIDs. The patient has a history of a normal upper endoscopy and alcohol abuse. The alcohol abuse is self induced and can be treated with discontinuance and AA. The history of bright red blood per rectum is a lower GI problem for which Prilosec is not indicated. Therefore, the request is not medically necessary or appropriate.

Probiotics #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation fda.gov/probiotics.

Decision rationale: MTUS and ODG do not address the use of Probiotics. They are comprised of bacteria and yeasts that are purported to be good for the GI tract. The FDA has stated that Probiotics may be used for irritable bowel syndrome, ulcerative colitis and ileal pouch. In this case, the patient does not carry any of these diagnoses. The patient has a normal EGD, hiatal hernia without reflux and alcohol abuse. The request for Probiotics is not medically necessary.

Sentra PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (medical foods).

Decision rationale: Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Per ODG Guidelines, "There is no known need for choline supplementation except for long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic acid is used for treatment of hypochlorhydria and achlorhydria". In this case, there is no indication that the patient has one of the above conditions for which the components of Sentra PM are supported. The request is therefore not medically necessary or appropriate.