

Case Number:	CM15-0132454		
Date Assigned:	07/20/2015	Date of Injury:	04/27/2010
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on April 27, 2010. He reported right shoulder injury. The injured worker was diagnosed as having right shoulder rotator cuff tear. Treatment to date has included surgery, diagnostic studies and medication. On June 9, 2015, the injured worker complained of right shoulder pain rated as a 4.5 on a 1-10 pain scale with medications. He reported that his activity level has decreased and his quality of life remained unchanged from a prior exam visit. He stated that his medications were working well. The treatment plan included an MRI of the right shoulder, medications and a follow-up visit. On June 16, 2015, Utilization Review non-certified the request for Sucralfate 1 gm #120, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sucralfate 1gm #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3310632>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/sucralfate-drug-information?source=search_result&search=carafate&selectedTitle=1~70.

Decision rationale: According to Uptodate.com, Sucralfate is indicated for the short-term (8 weeks) management of duodenal ulcers and maintenance therapy for duodenal ulcers. Within the submitted documentation, there is no evidence of the patient has a diagnosis of duodenal ulcer, or any GI complains. The ordering provider did not provide any other indication for Sucralfate. As such, this medication is not medically necessary.