

Case Number:	CM15-0135264		
Date Assigned:	07/23/2015	Date of Injury:	03/11/2003
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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 36-year-old male, who sustained an industrial injury on March 11, 2003. He reported pain and pressure over his low back and pain over his upper cervical spine. The injured worker was diagnosed as having abdominal pain consistent with gastroesophageal acid reflux, dysphagia of uncertain etiology, intermittent diarrhea and constipation, history of rectal bleeding, history of work related bodily injury. Treatment to date has included diagnostic studies, acupuncture, physical therapy, chiropractic treatments, surgery and medications. His treatments were noted to only provide temporary relief. On June 11, 2015, the injured worker complained of a significant amount of pains over his upper and lower abdomen with nausea. The intensity of pain was rated as a 9 on a 1-10 pain scale. The treatment plan included medications and an upper GI endoscopy for further evaluation of his continuation of dysphagia and abdominal pain. On June 16, 2015, Utilization Review non-certified the request for Carafate 1 g #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:

Carafate 1g four times a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation WebMD.com, Carafate Oral (Sucralfate).

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

Decision rationale: Regarding the request for Carafate, California MTUS and Official Disability Guidelines do not contain criteria regarding the use of this medication. According to Up-to-date Online, an evidence-based database, Carafate is a cytoprotective agent indicated in duodenal and gastric ulcers and for ongoing gastric erosion due to anti-inflammatory medications. Within the documentation provided, the patient has a history of gastritis and current being worked up for abdominal pain of unclear etiology and dyspepsia. However, there is no indication that the patient has a gastric or duodenal ulcer. The patient is already taking Dexilant, Ranitidine, and Gaviscon for upper GI symptoms. It is unclear why this additional agent is required. Therefore, this request is not medically necessary.