

Case Number:	CM15-0029280		
Date Assigned:	02/23/2015	Date of Injury:	11/27/2004
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 43 year old female who sustained a work related injury November 27, 2004. Past history includes s/p right de Quervain release, right small finger and thumb trigger release, May 2010. According to a secondary treating physician's progress report (internal medicine) dated December 23, 2014, the injured worker presented with worsening acid reflux and diarrhea/constipation. Physical examination of the abdomen reveals tenderness to palpation in the epigastrium region. There is a tremor of the right upper extremity noted. Industrial related diagnoses included erosive gastritis, secondary to NSAIDS; irritable bowel syndrome (mixed type); sleep disorder; s/p H pylori treatment and severe RSD (reflex sympathetic dystrophy) with RUE (right upper extremity). Treatment recommendations included urine toxicology, gastrointestinal profile, medications- Dexilant, Ranitidine, Carafate, and Probiotics, special diet and follow-up in three months. According to utilization review dated January 28, 2015, the request for Dexilant 60mg #30 with (2) refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG. The request for Ranitidine 150mg #30 with (2) refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Carafate 1mg #120 with (2) refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version pain chapter (updated 1/19/15) Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-73.

Decision rationale: The patient presents with worsening acid reflux and worsening diarrhea/constipation. Patient's current diagnosis includes erosive gastritis, secondary to NSAIDs, irritable bowel syndrome and status-post H. pylori treatment. The current request is for Dexilant 60 mg #30 with 2 refills. Dexilant (Dexlansoprazole) is a proton pump inhibitor (PPI) that decreases the amount of acid produced in the stomach. The Internal Medicine treating physician states on 12/23/14 (B3) "there is tenderness to palpation noted in the epigastrium region. I have provided the patient with recommendations for special low-fat, low-acid and IBS diet. I have advised the patient to continue to avoid NSAIDs." Regarding PPI's, MTUS states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treating physician has documented GI upset in this patient as well as a diagnosis of gastritis. The current request is medically necessary and the recommendation is for authorization.

Ranitidine 150mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-73.

Decision rationale: The patient presents with worsening acid reflux and worsening diarrhea/constipation. Patient's current diagnosis includes erosive gastritis, secondary to NSAIDs, irritable bowel syndrome and status-post H. pylori treatment. The current request is for Ranitidine 150 mg #30 with 2 refills. Ranitidine is in a group of drugs called histamine-2 blockers. Ranitidine works by reducing the amount of acid your stomach produces. The treating physician states on 12/23/14 (B3) "there is tenderness to palpation noted in the epigastrium region. I have provided the patient with recommendations for special low-fat, low-acid and IBS diet. I have advised the patient to continue to avoid NSAIDs." MTUS and ODG do not discuss this medication specifically by name. However, MTUS Guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this patient, the patient does have dyspepsia with NSAID. The physician has documented erosive gastritis secondary to NSAIDS and irritable bowel syndrome. The physician has stopped the NSAID. The treating physician is using H2 blocker for prophylaxis. MTUS require documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use

of PPI. In reviewing the treating physician reports supplied there are GI complaints documented. Therefore, the current request is medically necessary and the recommendation is for authorization.

Carafate 1mg #120 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-73.

Decision rationale: The patient presents with worsening acid reflux and worsening diarrhea/constipation. Patient's current diagnosis includes erosive gastritis, secondary to NSAIDs, irritable bowel syndrome and status-post H. pylori treatment. The current request is for Carafate 1 mg #120 with 2 refills. Carafate (sucralfate) is an anti-ulcer medication. The treating physician states on 12/23/14 (B3) "there is tenderness to palpation noted in the epigastrium region. I have provided the patient with recommendations for special low-fat, low-acid and IBS diet. I have advised the patient to continue to avoid NSAIDs." MTUS and ODG do not discuss this medication specifically by name. However, MTUS Guidelines page 68 and 69 states that medications are recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treating physician has documented erosive gastritis secondary to NSAIDs and irritable bowel syndrome. The physician has stopped the NSAID. The treating physician meets MTUS guidelines by documenting that the patient presents with GI problems such as gastritis, ulcer, or reflux that require the use of this medication. Therefore, the current request is medically necessary and the recommendation is for authorization.