

Case Number:	CM15-0217301		
Date Assigned:	11/09/2015	Date of Injury:	01/08/2008
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old male, who sustained an industrial injury on 1-8-08. The injured worker is diagnosed with gastritis (improving), irritable bowel syndrome and hyperlipidemia. The injured worker is receiving social security benefits and is not working. Notes dated 8-26-15 and 10-5-15 reveals the injured worker reports mildly controlled acid reflux symptoms, constipation and diarrhea. Physical examinations dated 8-26-15 and 10-5-15 revealed no abdominal distention, guarding or pain with palpation. Treatment to date has included sudoscan, medications- Carafate (5-2015), Lovaza (1-2015), Dexilant (1-2015), Ranitidine, and Esomeprazole. Diagnostic studies include abdominal ultrasound. A request for authorization dated for Lovaza (Omega-3) 4 grams daily 1 month supply, Carafate 1 gram #120 (4 times a day) and Dexilant 60 mg #30 is denied, per Utilization Review letter dated 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovaza (Omega-3) 1 Month Supply 4 G Daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.fda.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications.

Decision rationale: Omega 3 is a non-prescription vitamin supplement. It is not approved as treatment for gastritis, ulcer, pain or any of the injured workers is other industrial related injuries. Omega 3 is recommended in the treatment of elevated cholesterol however, that is not one of the listed industrial injuries for this patient. Consequently, it is not medically necessary at this time.

Carafate #120, 1 G, 4 x Daily: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/carafate.html>.

Decision rationale: Carafate is a suspension contains sucralfate and sucralfate is an D-glucopyranoside, Dfructofuranosyl, octakis (hydrogen sulfate), aluminum complex. It is prescribed to treat ulcers in patients with gastritis and peptic ulcer disease. While ODG and CA MTUS do not specifically mention this medication, the medication insert states that this medication is "indicated in the short-term (up to 8 weeks) treatment of active duodenal ulcer". The current prescription has been for much longer than 8 weeks and from the clinic, record reviewed there is no clear indication of efficacy, consequently continued use is not medically necessary at this time.

Dexilant 60 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: while there is no evidence of medication related gastritis documented in the clinic record, CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time and to start with a first line agent such as omeprazole. Dexilant is not a first line PPI and there is no documented evidence that a first line agent has been attempted for the patient that would require a non-first line agent at this time. Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.