

<b>Case Number:</b>	CM15-0030515		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 42 year old male sustained an industrial injury on 9/26/07, with subsequent ongoing back and neck pain. Treatment plan included lumbar fusion, medications, physical therapy and home exercise. The injured worker was also under ongoing treatment for gastrointestinal symptoms including abdominal pain, gastroesophageal reflux disease and constipation. In a PR-2 dated 12/11/14, the injured worker reported unchanged abdominal and right upper quadrant epigastric pain, with persistent symptoms and nausea. The injured worker reported improvement to abdominal bloating and constipation. Physical exam was remarkable for abdomen with slight tenderness in the epigastrium without guarding or rebound. Current diagnoses included sleep disorder, cephalgia, blurred vision, tinnitus, orthopedic complaints, psychological complaints and immune disorder. The treatment plan included laboratory studies (GI panel), medications (Lorazepam, Dexilan, Gaviscon, Carafate, Probiotics and Meclizine) and referral to a gastroenterologist. On 1/21/15, Utilization Review noncertified a request for Gaviscon #1 bottle with 2 refills, Carafate 1g #120 with 2 refills, Probiotics #60 with 2 refills and Meclizine 12.5mg #30 with 2 refills and modified a request for Lorazepam 1mg #60 to Lorazepam 1mg #48 citing CA MTUS Chronic Pain Medical Treatment Guidelines and National Clearinghouse Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lorazepam 1mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient has been taking Lorazepam since at least March 7, 2012 without any documentation of improvement in his symptoms of gastroesophageal reflux disease. Therefore, the use of Lorazepam 1mg #60 is not medically necessary.

**1 prescription of Gaviscon #1 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 University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

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

**Decision rationale:** According to MTUS guidelines, GI protectors such as Gaviscon is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The patient has been initiated on Gaviscon in July 2014; however, his symptoms did not improve. Therefore, the request of Gaviscon 1 bottle, with 2 refills is not medically necessary.

**1 prescription of 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 University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 and on the Non-MTUS Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar; 108(3): 308-28.

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

**Decision rationale:** Carafate (sucralfate) is an anti-ulcer medication. Carafate is not greatly absorbed into the body through the digestive tract. It works mainly in the lining of the stomach by adhering to ulcer sites and protecting them from acids, enzymes, and bile salts. Carafate is used to treat an active duodenal ulcer. According to MTUS guidelines, anti ulcer medications such as Omeprazole and carafate are indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. There is no recent and objective evidence that the patient is suffering from an active ulcer. Therefore, 1 prescription of Carafate 1g #120 with 2 refills is not medically necessary.

**1 prescription of 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 World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 Apr 20. 20p. and on the Non-MTUS University of Texas at Austin, School of Nursing Family Nurse Practitioner Program. Recommendations in primary care for the most efficacious and cost effective pharmacologic treatment for Helicobacter pylori in non-pregnant adults. Austin (TX): University of Texas at Austin, School of Nursing; 2013 May. 17.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viral Gastroenteritis Treatment & Management. <http://emedicine.medscape.com/article/176515-treatment>.

**Decision rationale:** Available clinical documentation shows that the patient has undergone 2 prior tests for H. Pylori infection and both were negative. There is no evidence or diagnosis of irritable bowel syndrome. There is no evidence that demonstrates the patient has any indication for probiotic therapy. Therefore, the request for Probiotics #60 with 2 refills is not medically necessary.

**1 prescription of Meclizine 12.5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antivert <http://www.rxlist.com/antivert-drug/indications-dosage.htm>.

**Decision rationale:** Antivert (Meclizine ) is indicated in case of nausea and vomiting, and dizziness associated with motion sickness; vertigo associated with diseases affecting the vestibular system. There is no recent clinical evidence that the patient is suffering of one of these conditions. Therefore, the request is not medically necessary.