

<b>Case Number:</b>	CM15-0041780		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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 48-year-old male, who sustained an industrial injury on March 8, 2000. Treatment to date has included medication, imaging of the lumbar spine, and lumbar surgery. Currently, the injured worker complains of low back pain and right shoulder pain. He reports good relief with Duragesic patch and Prilosec. He reports that his pain has increased since the previous visit and rates his pain with medications as a 4 on a 10-point scale and 9 on a 10-point scale without pain medications. He denies abdominal pain and fecal incontinence. The evaluating physician notes that the injured worker cannot tolerate oral medications due to gastrointestinal issues for which he uses sucralfate and Prilosec. His treatment plan includes continuation of Duragesic patch and Tegaderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sucralfate 1 Gram #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to initiating therapy, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors or history of ulcers. Sucralfate 1 Gram #120 is not medically necessary.