

Case Number:	CM15-0047828		
Date Assigned:	03/19/2015	Date of Injury:	03/29/2008
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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

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 54 year old man sustained an industrial injury on 3/29/2008. The mechanism of injury is not detailed. Evaluations include cervical proactive discogram dated 9/9/2013, lumbar spine CT scan dated 7/25/2013, electromyogram dated 3/12/2013, cervical spine MRI dated 1/4/2013, left shoulder MRI dated 2/25/2011, cervical spine MRI dated 2/24/2011, cervical spine MRI dated 1/20/2010, lumbar spine MRI dated 1/20/2010, lumbar spine CT/myelogram dated 1/14/2010, and electromyogram dated 11/16/2009. Diagnoses include post-laminectomy syndrome, cervical degenerative disc disease, bilateral ulnar nerve entrapment, urologic dysfunction, left shoulder and elbow myoligamentous injury, medication induced gastritis, and left knee myoligamentous injury. Treatment has included oral medications, surgical intervention, epidural steroid injections, and lumbar spinal cord stimulator trial. Physician notes dated 12/22/2014 show complaints of low back pain. Recommendations include continue current medication regimen, consideration of permanent implantation of lumbar spinal cord stimulator, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1 gram, 4 times a day, Qty: 120 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.comodgtwc/formulary.htm - drugs. com Epocrates ONline, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/018333s034,019183s016lbl.pdf.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for CARAFATE 1 GRAM, 4 TIMES A DAY #120. Per 12/22/14 progress report, the patient is taking Hydrocodone, Ditropan, Prozac, Restoril, Topamax and Zanaflex. Work statue is unknown. MTUS, ACOEM and ODG guidelines do not mention this medication but it is similar to PPI for its purpose. It is indicated for short-term treatment for active duodenal ulcer per http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/018333s034,019183s016lbl.pdf. In this case, one of the treater's diagnoses is "medication-induced gastritis" indicating some kind of GI issue in the past or currently but the treater does not discuss any on-going issues with GI system. There is no documentation of any duodenal ulcer. The patient is not on any NSAIDs either. Given the lack adequate discussion regarding the use of this medication and its efficacy, the request IS NOT medically necessary.

Reglan 10, 3 times a day, Qty: 90 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.comodgtwc/formulary.htm - drugs. com Epocrates ONline, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.fda.gov/downloads/Drugs/DrugSafety/UCM176362.pdf website [www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=reglanOfficial disability guidelines Pain chapter, Antiemetics](http://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=reglanOfficial%20disability%20guidelines%20Pain%20chapter,%20Antiemetics).

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for REGLAN 10, 3 TIMES A DAY #90. Per 12/22/14 progress report, the patient is taking Hydrocodone, Ditropan, Prozac, Restoril, Topamax and Zanaflex. Work statue is unknown. The patient presents with pain and weakness in his neck,

lower back and upper/ lower extremities. The request is for REGLAN 10, 3 TIMES A DAY #90. Per 12/22/14 progress report, the patient is taking Hydrocodone, Ditropan, Prozac, Restoril, Topamax and Zanaflex. Work statue is unknown. The MTUS and ACOEM guidelines do not mention Reglan. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain chapter, Antiemetics for opioid nausea: Not recommended for nausea and vomiting secondary to chronic opioid use. According to website www.fda.gov/downloads/Drugs/DrugSafety/UCM176362.pdf, FDA states that Reglan (Metoclopramide) is a prescription used to relieve symptoms of slow stomach emptying in people with diabetes, prevent nausea and vomiting post surgery or chemo..etc. According to website www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=reglan, Reglan belongs to Antiemetic drug class and may treat GERD, vomiting, and heartburn caused by a stomach problem called gastroparesis in patients with diabetes. In this case, the reports provided show no discussion as to why this medication is being prescribed. The review of reports does not show the patient has stomach problem called gastroparesis with diabetes. There is no indication of chemotherapy/ radiation or post-operative nausea. Furthermore, the patient has been on Hydrocodone, for which Antiemetics are not recommended per ODG guidelines. The request IS NOT medically necessary.

Floramax 0.4 once a day, Qty: 30 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs. com Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.accessdata.fda.gov/drugsatfda_docs/label/2009/020579s0261bl.pdf website www.drugs.com/flomax.html.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for FLOMAX 0.4 ONCE A DAY #30. Per 12/22/14 progress report, the patient is taking Hydrocodone, Ditropan, Prozac, Restoril, Topamax and Zanaflex. Work statue is unknown. Per website www.accessdata.fda.gov/drugsatfda_docs/label/2009/020579s0261bl.pdf, Flomax (tamsulosin hydrochloride) capsules are indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH) FLOMAX capsules are not indicated for the treatment of hypertension. In this case, there is no discussion regarding the patient's prostate problems or any urinary symptoms. FDA support Flomax for benign prostatic hyperplasia only. Given the lack of sufficient documentation demonstrating the patient's prostate problems, the request IS NOT medically necessary. Per website www.drugs.com/flomax.html, Flomax (tamsulosin) is an alpha-blocker that relaxes the muscles in the prostate and bladder neck, making it easier to urinate.

Flomax is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate).