MAXIMUS Federal Services

Case Number:	CM14-0168692		
Date Assigned:	10/16/2014	Date of Injury:	12/14/1998
Decision Date:	11/18/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in California and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70 years old male with an injury date on 12/14/1998. Based on the 05/15/2014/2014 progress report provided by [redacted], the diagnoses are:1. Bright red blood per rectum, unknown etiology2. L3-L4 stenosis with junctional herniated nucleus pulposusPhysical exam indicates "slightly tender in the epigastric area," limited range of motion with pain, positive straight leg raise test, decrease sensation over L5-S1 to the right, motor weakness of the lower extremities and an antalgic gait. The patient's current medications are Nexium and Carafate. The 07/16/2014 report indicates patient complains of low back pain, neck pain, left arm pain and left knee pain. He feels emotionally unbalanced due to physical pain. The patient "had physical discomfort and apparent pain. He also appeared imitated and angry." There were no other significant findings noted on this report. The utilization review denied the request on 09/13/2014. [redacted] is the requesting provider, and he provided treatment reports from 03/13/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of nexium 40mg QTY: 30: Overturned

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. 12p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 07/16/2014report this patient presents with low back pain, neck pain, left arm pain and left knee pain. The patient's current medications are Nexium and Carafate. The treater is requesting 1Prescription of Nexium 40mg Qty: 30, for heartburn and GERD. Nexium was first mentioned in the 04/03/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Nexium is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show the patient has heartburn and GERD and is not on NSAID. There are no other references to this medication. PPI's can be used either for prophylactic use concurrent with oral NSAIDs when proper GI assessment is provided, or for GERD, gastritis conditions. This patient has GERD which appears to have developed from oral NSAIDS. It may be reasonable to continue PPI for a few months before stopping the medication given the patient's persistent GI symptoms. Treatment is medically necessary.

1 Prescription of carafate 1gm QTY: 60.00: Overturned

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. 12p

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

Decision rationale: According to the 07/16/2014report this patient presents with low back pain, neck pain, left arm pain and left knee pain. The treater is requesting 1 Prescription of Carafate 1gm Qty: 60.00 "to treat ulcer and other stomach problem." Regarding Carafate (sucralfate) an anti-ucler mediation. The MTUS, ACOEM, and ODG Guidelines do not address Carafate; so Drug.com was referenced. "Carafate is used to treat an active duodenal ulcer. Sucrafate can heal an active ulcer, but will not prevent future ulcer from occurring." Review of the reports show that the patient has "bright red blood per rectum;" an indications of bleeding in the gastrointestinal tract. In this case, the requested Carafate "to treat ulcer and other stomach problem" appears reasonable. Treatment is medically necessary.

1 Prescription of condrolite 500/200/150 QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and chondroitin sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50.

Decision rationale: According to the 07/16/2014report this patient presents with low back pain, neck pain, left arm pain and left knee pain. The treater is requesting 1 Prescription of Condrolite 500/200/150 Qty: 180.00. Condrolite is a mixture of Glucosamine sulfate, Chondroitin sulfate and MSM. Regarding Glucosamine, MTUS guidelines state "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case, the patient does not meet the indication for Glucosamine, as he does not present with knee osteoarthritis. Treatment is not medically necessary and appropriate.