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| Case Number: | CM14-0197562 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 08/29/2011 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 51 year-old male with an original date of injury on 8/29/2011. The industrially related diagnoses are recurrent musculoligamentous injury of the cervical spine with degenerative disc disease, status post right shoulder arthroscopy, bilateral carpal tunnel syndrome, fracture of the ulnar styloid, gastritis, hypertension, diabetes, and anemia. The patient has had right shoulder arthroscopy on 10/10/2012, cervical epidural steroid injection on 8/12/2013 with 60% symptom improvement, and status post right knee arthroscopy on 5/28/2014. The patient was taking Vicodin ES, Ambien for sleep, and Fexmid. The document provided indicates patient has positive H pylori infection and gastritis on 10/6/2014. The patient was noted to be taking Prilosec for GI side effects associated with Vicodin and NSAID use with good relief. The disputed issue is a request for Reglan 2mg twice daily for 48 tablets, and Carafate 10mg/2tbp twice daily for quantity of 48ml. A utilization review dated 10/16/2014 has non-certified these requests. The stated rationale for denial was insufficient data to support the use of Carafate and Reglan with the absence of documentation of diabetic gastroparesis or ongoing gastric or duodenal ulcers. In addition, the patient is already taking Prilosec with documented improvement. Therefore, these requests were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 2mg #48: 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics

Decision rationale: Regarding the request for Reglan, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics have limited applications in the treatment for nausea and vomiting secondary to chronic opioid use. It can be used for prevention of aspiration of fluid into the lungs during surgery. Within the documentation available for review, there is no indication that Reglan is being used to treat perioperative nausea. A progress note on date of service 10/6/2014 documented the patient having a diagnosis of gastritis and H pylori infection. Another progress note on date of service 9/26/2014 indicated the patient to be taking Prilosec for GI side effects associated with NSAID and Norco use with good relief of symptoms. Lastly, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested Reglan is not medically necessary.

Carafate 10ml #48: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate Online, Carafate Entry http://www.uptodate.com/contents/sucralfate-drug-information?source=search_result&search=carafate&selectedTitle=1~70

Decision rationale: Regarding the request for Carafate, California MTUS and Official Disability Guidelines do not contain criteria regarding the use of this medication. According to Uptodate Online, an evidence-based database, Carafate is a cytoprotective agent indicated in duodenal and gastric ulcers and for ongoing gastric erosion due to anti-inflammatory medications. Within the documentation provided, there is no indication that the patient has a gastric or duodenal ulcer relating to NSAID use. The patient is already taking Prilosec with documented improvement indicated in a progress note on 9/26/2014. It is unclear why this additional agent is required. Therefore, this request is not medically necessary.