

Case Number:	CM15-0121363		
Date Assigned:	07/02/2015	Date of Injury:	06/05/2009
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 49-year-old female who sustained an industrial injury on 06/05/2009. Diagnoses include hiatal hernia; gastroesophageal reflux disease, secondary to NSAIDs; gastritis, status post H. pylori treatment; constipation/diarrhea, suspect irritable bowel; and vitamin D deficiency. Treatment to date has included dietary recommendations, weight reduction advice, medication instructions (to avoid NSAIDs) and medications for acid reflux. She was treated for H. pylori infection. Progress notes from the internal medicine provider on 1/21/15 stated the IW complained of acid reflux occurring each evening with medication. She also had complaints of diarrhea, constipation and bloating. It was noted the IW had a hiatal hernia. In the most recent progress notes from the internal medicine provider, dated 5/12/15, the IW reported no change in her acid reflux or bloating. She did report improving constipation. On examination of the wrists, the abdomen was soft and non-tender with positive bowel sounds. She was taking Carafate, Colace, probiotics, Amitiza, Ranitine and Sentra PM. A request was made for Carafate 1 gram, #120 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate #120 1g with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webmd.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a 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 gastro duodenal lesions. Recommendations patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e. g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1. 44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. There is documentation provided that places this patient at intermediate or high risk that would justify the use of carafate. There is mention of current gastrointestinal disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has been met. Therefore, the request is medically necessary.