

Case Number:	CM15-0172298		
Date Assigned:	09/14/2015	Date of Injury:	08/15/2003
Decision Date:	11/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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: New York

Certification(s)/Specialty: Internal 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 60-year-old female, who sustained an industrial injury on 8-15-2003. The injured worker was diagnosed as having other chronic pain, abdominal pain, left upper quadrant, gastroesophageal reflux disease and dyspepsia. Treatment to date has included diagnostics and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Abdominal ultrasound (8-2014) noted fatty liver change. Per the most recent progress report (2-27-2015), the injured worker complains of fluctuating pain levels. She was unable to tolerate Metoclopramide. She had increased fiber intake, along with Sucralfate, "which has helped". Overall her upper gastrointestinal symptoms "are better". She was watching her diet closely and drinking adequate water. Abdominal exam noted slight epigastric tenderness to palpation, softness, and no organ enlargement or masses. Her medications included Sucralfate 1gm (2 tablets daily), Lansoprazole 30mg (1 tab every am), Tylenol, Ambien, and Lyrica 75mg (2 tabs daily). The treatment plan on 2-27-2015 noted trial to increase Sucralfate to 3-4 times daily, discontinue Metoclopramide, trial Erythromycin 250mg three times daily (one half hour before meals), and continue Lansoprazole and Lyrica. An updated progress report was not noted. Per the request(s) for authorization dated 6-17-2015, the treatment plan included Lyrica 75mg (2 caps per day) #60, Lansoprazole 30mg (1 cap daily in am) #30, trial Erythromycin 250mg (1 tab one half hour before meals, three times daily) #90, and increase Sucralfate 1gm (3-4 times daily) #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

Decision rationale: MTUS does not address this request. ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and postherpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker complains of chronic neck and low back pain. Documentation fails to show evidence of significant improvement in level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 75 MG Qty 60 is not medically necessary per guidelines.

Lansoprazole 30 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker is diagnosed with Dyspepsia, Gastroesophageal reflux disease, and Hiatal Hernia, with symptoms at suboptimal control. The recommendation for continued use of Lansoprazole is clinically appropriate. The request for Lansoprazole 30 MG Qty 30 is not medically necessary per MTUS guidelines.

Erythromycin 250 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/#topics/dmp~AN~T907628/Erythromycin.

Decision rationale: MTUS does not address this request. Erythromycin is an antibiotic recommended for multiple infections, including Bronchitis. Per guidelines, Erythromycin may also be used in the treatment of Gastroparesis, a disorder of abnormal gastric motility and delayed emptying. The most common types are diabetic gastroparesis, idiopathic gastroparesis, and postsurgical gastroparesis. Documentation shows that the injured worker is diagnosed with Dyspepsia, Gastroesophageal reflux disease, and Hiatal Hernia. There is lack of objective evidence to support that the injured worker has a diagnosis that would support the medical necessity for Erythromycin. The request for Erythromycin 250 MG Qty 90 is not medically necessary.

Sucralfate 1 Gram Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus www.uptodate.com/contents/sucralfate.

Decision rationale: Carafate (Sucralfate) is in a class of medications called protectants. Carafate is used to treat and prevent GI (gastrointestinal) ulcers, and to treat esophageal and duodenal ulcers. The medication may also be used in combination with other medications, such as antibiotics to treat and prevent the return of ulcers caused by a certain type of bacteria (*H. pylori*). The injured worker is diagnosed with Dyspepsia, Gastroesophageal reflux disease, and Hiatal Hernia. Documentation shows that the injured worker is already being treated with a Proton Pump Inhibitor. Physician report fails to establish the medical necessity for ongoing use of Sucralfate. There is lack of objective evidence to show that the injured worker is diagnosed with esophageal or duodenal ulcers or other conditions that would support the medical necessity for Sucralfate. Per guidelines, the request for Sucralfate 1 Gram Qty 120 is not medically necessary.