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| <b>Case Number:</b>   | CM15-0173252 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 11/19/2008 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2015 |

### 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 is a 71 year old male who sustained an industrial injury on 11-19-2008. According to a progress report dated 07-06-2015, the injured worker was seen for chronic abdominal pain and epigastric pain and recent evaluation (ph probe) with evidence of gastroesophageal reflux disease. He had a chronic cough. He had intermittent episodic dysphagia to solids, especially dry foods. Esophageal manometry had been requested in the past to identify any specific underlying esophageal motility disorder and was denied. Current medications included Xanax, Klonopin, Colace, Nexium, Hydrocodone-APAP, Phillips Colon Health, Ditropan, Miralax, Lyrica, Zantac, Trazodone, and Valtrex. Diagnoses included prostate cancer, abdominal pain, post-traumatic stress disorder, and skin cancer. Past surgical history included appendectomy, extraction cataract, prostatectomy radical laparoscopic robotic, resection small bowel, repair hernia, repair rotator cuff, release plantar fascia and "Pr egd transoral biopsy" and Ph probe. Assessment included evidence of gastroesophageal reflux disease. The treatment plan included: continue Nexium, Caltrate, add Carafate and re-evaluate in 3 months. Separate authorization requests by the same provider dated 08-19-2015 was submitted for review. The requested services included Sucralfate 1 gram 120 tabs for 30 days four times a day 11 refills, Baclofen 10 mg 30 tabs for 30 days daily 12 refills and Caltrate 600 mg 60 tabs for 30 days twice a day 11 refills. On 08-26-2015, Utilization Review non-certified the request for Sucralfate 1 gram #120 x 11 refills, Baclofen 10 mg #30 x 12 refills and Caltrate 600 mg #60 x 11 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sucralfate 1g #120 x 11 refills:** Overturned

**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 PDR( Physicians' Desk Reference), Sucralfate.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of peptic ulcer disease, dyspepsia, gastritis and GERD. The patient has the diagnosis and documentation of symptomatic and ph probe proven GERD. Therefore the request is medically necessary.

**Baclofen 10mg #30 x 12 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Chou, 2007), (Mens, 2005), (Van Tulder, 1998), (Van Tulder, 2003), (Van Tulder, 2006), (Schnitzer, 2004), (See, 2008). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence (Homik, 2004), (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather ongoing chronic abdominal pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

**Caltrate 600mg #60 x 11 refills:** 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 PDR (Physicians' Desk Reference), Caltrate.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of calcium deficiency such as osteoporosis. The patient does not have this diagnosis as related to industrial incident or at risk of calcium deficiency and the request is not medically necessary.