

Case Number:	CM15-0096083		
Date Assigned:	05/26/2015	Date of Injury:	09/11/2002
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

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 48 year old female who sustained an industrial injury on 09/11/2002. Current diagnoses include chronic pain, GERD/dyspepsia, asthma, hematuria, and muscle cramping possible related to chronic PPI usage. Previous treatments included medication management. Previous diagnostic studies include Esophagogastroduodenoscopy (EGD), report not included. Report dated 03/19/2015 noted that the injured worker presented after undergoing another EGD procedure. It was noted that they did not find anything on EGD. Upper gastrointestinal tract symptoms include substernal burning, chest pain (heart burn), and burning upper central abdomen. It was also noted that the injured worker was to undergo an esophageal motility test. Physical examination was positive for slight tenderness in the epigastrium. The treatment plan included beginning Carafate, continue other medications, need copy of results, and maintain water intake. Of note some of the information in the report was hard to decipher. Disputed treatments include ranitidine, Nexium, and Carafate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications <http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. MTUS does not address Ranitidine. American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. A progress note dated 3/9/10 documented that the patient had epigastric discomfort for the past three to four weeks. The patient had been taking Ibuprofen for the past eight years for chronic lower back pain which was a work-related condition. The patient has been on Prilosec. The diagnosis was gastroesophageal reflux disease GERD probably due to Ibuprofen. Ibuprofen was discontinued. The primary treating physician's progress report dated 3/19/15 documented that the patient underwent another EGD esophagogastroduodenoscopy procedure about one month ago. According to the patient, "They did not find anything." The patient has heartburn symptoms. Objective findings included slight to moderate epigastric tenderness. Medications included Tramadol, Ranitidine, Tylenol #3, and Nexium. Diagnoses included GERD, and dyspepsia. The treatment plan included initiating Carafate and continuing Ranitidine and Nexium. No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. EGD, laboratory, and other diagnostic test results were not in the submitted medical records. The primary treating physician's progress report dated 3/19/15 documented that another EGD was performed recently, and according to the patient, "They did not find anything." No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. Request for authorization (RFA) dated 4/21/15 documented request for Carafate, Ranitidine, and Nexium. The corresponding progress report was not in the submitted medical records. Without the corresponding progress report and documented benefit from the triple drug regimen of Nexium, Ranitidine, and Carafate, the request for Ranitidine is not supported. Therefore, the request for Ranitidine is not medically necessary.

Nexium 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. A progress note dated 3/9/10 documented that the patient had epigastric discomfort for the past three to four weeks. The patient had been taking Ibuprofen for the past eight years for chronic lower back pain which was a work-related condition. The patient has been on Prilosec. The diagnosis was gastroesophageal reflux disease GERD probably due to Ibuprofen. Ibuprofen was discontinued. The primary treating physician's progress report dated 3/19/15 documented that the patient underwent another EGD esophagogastroduodenoscopy procedure about one month ago. According to the patient, "They did not find anything." The patient has heartburn symptoms. Objective findings included slight to moderate epigastric tenderness. Medications included Tramadol, Ranitidine, Tylenol #3, and Nexium. Diagnoses included GERD, and dyspepsia. The treatment plan included initiating Carafate and continuing Ranitidine and Nexium. No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. EGD, laboratory, and other diagnostic test results were not in the submitted medical records. The primary treating physician's progress report dated 3/19/15 documented that another EGD was performed recently, and according to the patient, "They did not find anything." No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. Request for authorization (RFA) dated 4/21/15 documented request for Carafate, Ranitidine, and Nexium. The corresponding progress report was not in the submitted medical records. Without the corresponding progress report and documented benefit from the triple drug regimen of Nexium, Ranitidine, and Carafate, the request for Nexium is not supported. Therefore, the request for Nexium is not medically necessary.

Carafate 1mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation FDA Carafate (Sucralfate)
http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/018333s034,019183s016lbl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. MTUS does not address Carafate (Sucralfate). FDA Prescribing Information indicates that Carafate (Sucralfate) is indicated in the short-term (up to 8 weeks) treatment of active duodenal ulcer. A progress note dated 3/9/10 documented that the patient had epigastric discomfort for the past three to four weeks. The patient had been taking Ibuprofen for the past eight years for chronic lower back pain which was a work-related condition. The patient has been on Prilosec. The diagnosis was gastroesophageal reflux disease GERD probably due to Ibuprofen. Ibuprofen was discontinued. The primary treating physician's progress report dated 3/19/15 documented that the patient underwent another EGD

esophagogastroduodenoscopy procedure about one month ago. According to the patient, "They did not find anything." The patient has heartburn symptoms. Objective findings included slight to moderate epigastric tenderness. Medications included Tramadol, Ranitidine, Tylenol #3, and Nexium. Diagnoses included GERD, and dyspepsia. The treatment plan included initiating Carafate and continuing Ranitidine and Nexium. No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. EGD, laboratory, and other diagnostic test results were not in the submitted medical records. The primary treating physician's progress report dated 3/19/15 documented that another EGD was performed recently, and according to the patient, "They did not find anything." No NSAID nonsteroidal anti-inflammatory drug prescription was noted in the 3/19/15 progress report. Request for authorization (RFA) dated 4/21/15 documented request for Carafate, Ranitidine, and Nexium. The corresponding progress report was not in the submitted medical records. Without the corresponding progress report and documented benefit from the triple drug regimen of Nexium, Ranitidine, and Carafate, the request for Carafate is not supported. Per FDA, Carafate (Sucralfate) is indicated in the short-term (up to 8 weeks) treatment of active duodenal ulcer. There is no evidence of active duodenal ulcer. Therefore, the request for Carafate is not medically necessary.