

Case Number:	CM13-0016077		
Date Assigned:	10/11/2013	Date of Injury:	05/19/2012
Decision Date:	01/06/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

32 yr old female claimant who sustained an injury on on 5/19/12 resulting in cervical /lumbar and right shoulder strain. She has been taking NSAIDs (Diclofenac/, Ibuprofen, Naprosyn) for at least 8 months to alleviate pain resulting from the injury . Her injury has been managed by a chiropractor. She has been on Prilosec to protect from gastrointestinal side effects of NSAIDs. According to the denial in question, she subsequently developed abdominal pain and an internal medicine consultation was requested due to possible gastritis resulting from NSAID use . There are no recent exam/progress notes indicating such subjective or objective complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAID/gastrointestinal risks Page(s): 67-69.

Decision rationale: According to the MTUS chronic pain treatment guidelines, Proton pump inhibitors are use in conjunction with NSAIDs in those that are at high risk for gastrointestinal side effects including gastrointestinal bleeding, reflux disease, etc. In this case, there is no

documentation in the medical records that the patient has developed and gastrointestinal symptoms that would suggest he is at risk of NSAID related gastrointestinal events. An abdominal exam is not provided nor is there any prior events of gastrointestinal disease or history that would suggest the claimant is at risk. Furthermore, NSAIDS are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. As a result, NSAIDs are not medically necessary and their cessation will likely result in less GI side effects and not require medical consultation. Based on the information provided, an internal medicine consultation is not indicated unless further clinical information is provided.