

<b>Case Number:</b>	CM13-0026945		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Internal Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year old male who was injured on 10/17/2011. The mechanism of injury is unknown. Prior treatment history has included omeprazole 20 mg b.i.d. and current NSAID therapy has been discontinued. Medical Status Report dated 08/23/2013 revealed the patient to have GI symptoms that he was experiencing during the office visit. At that time, the patient reported having heartburn, nausea, and epigastric pain. He denied hematemesis, melena, tarry stool, or vomiting. These symptoms have persisted for over a year. Objective findings on exam revealed positive bowel sounds x4, negative hepatosplenomegaly, and positive tenderness to palpation of the mid-epigastric region. At the time of this visit, an authorization was requested for laboratory studies to include CBC, Helicobacter pylori antigen, and stool guaiac x3 to determine the cause of this patient's persistent symptoms, as NSAID gastropathy cannot be ruled out, additionally, a one-time evaluation with a gastroenterologist was requested as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAB: 1 CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63,,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation CHAPTER 7, PAGE 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** The Expert Reviewer's decision rationale: The blood work has been requested to evaluate the patient's complaints and examination findings relating to GI complaints/GERD. According to the guidelines, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). However, NSAID use has been discontinued. There lacks a valid rationale for obtaining the blood work since the patient is no longer taking any NSAIDs. It would be appropriate to evaluate the patient's response to the cessation of the NSAID and possibly further treatment with a first-line PPI, before consideration of lab studies. It is not anticipated that the results of such study would alter the course of treatment

**ANTI BODY: HELICOBACTER PYLORI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation CHAPTER 7, PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The Expert Reviewer's decision rationale: Lab work has been requested to evaluate the patient's complaints and examination findings relating to GI complaints/GERD. As per the guidelines, the recommended treatment of dyspepsia secondary to NSAID therapy is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Apparently, NSAID use has already been discontinued. It would be appropriate to evaluate the patient's response to the cessation of the NSAID and possibly treatment with a first-line PPI, before consideration of specialty lab studies. It is not anticipated that the results of such study would alter the course of treatment.

**1 EVALUATION WITH GASTROENTEROLOGIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation CHAPTER 7, PAGE 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The Expert Reviewer's decision rationale: The guidelines state the role of the clinician is to provide appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Referral to a gastroenterologist has been requested to evaluate the patient's complaints and examination findings relating to GI complaints/GERD. Apparently, NSAID use

has been discontinued. It would be medically appropriate to evaluate the patient's response to the cessation of the NSAID, and possibly further treatment with a first-line PPI, before consideration of specialty referral. Should the patient fail to respond to an appropriate course of standard care and observation, a specialty referral for further evaluation may be warranted, at which time further studies may also be indicated. Consequently, the medical necessity for referral to a gastroenterologist has not been established at this time.