MAXIMUS Federal Services

Case Number:	CM13-0027880		
Date Assigned:	11/22/2013	Date of Injury:	06/13/2013
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitaiton, has a subspecialty in Pain Management, 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:

The patient is a 64-year-old female, with a date of injury of 06/13/2013. The UR determination being challenged is dated 09/03/2013 and recommends denial of H Pylori stool exam, Mobic 7.5mg #60 and Gaviscon. Patient has diagnoses of left shoulder sprain, chronic sprain/strain of the cervical spine with associated radiation to upper extremities, osteoarthritis and history of epigastric pain. According to report dated 08/14/2014 by [redacted], patient presents with complaints of neck pain associated with numbness, tingling sensations, stiffness, swelling and decreased ROM (range of motion). Patient's back pain was described as constant and radiating to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Pyroli stool exam: 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 Aetna Clinical Policy Bulletin: Helicobacter Pylori Infection Testing Number: 0177.

Decision rationale: Treater states patient has a history of epigastric pain therefore recommends an h.pylori stool exam to rule out other co-existing conditions that could be causing the patient's

gastric complaints. Progress report dated 08/14/2014 states laboratory results for h.plylori stool exam is positive. MTUS, ACOEM and ODG guidelines addressing chronic pain do not discuss H Pylori stool examination, Aetna guidelines were consulted.

Mobic 7.5 mg, 60 count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, GERD; 2012 May, 12p. [11 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs) Section.

Decision rationale: Treater recommends Mobic 7.5 mg to be taken every 12 hours for patient's pain. UR denied said request stating patient was administered a Toradol injection on 07/17/2013 and notes additional pain medication is not recommended. Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID). MTUS guidelines states anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP (low back pain) and of antidepressants in chronic LBP. (Schnitzer, 2004). The request for Mobic 7.5 mg, 60 count, is medically necessary and appropriate.

Gaviscon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, GERD; 2012 May, 12p. [11 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clincal Policy Bulletin: GERD (gastroesophageal reflux disease) treatment devices, Number 0213.

Decision rationale: : Gaviscon is an anti acid supplement and can be used to treat GERD. Medical reports state patient has a history of epigastric pain. MTUS, ACOEM and ODG do not specifically address the use of Gaviscon. Aetna Guidelines were consulted. Aetna recommends antacids as initial treatment. The request is in accordance with the Aetna Clinical Policy Bulletin for GERD treatment. The request for one prescription of Gaviscon is medically necessary and appropriate.