

Case Number:	CM13-0053092		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2003
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine and is licensed to practice in Illinois. 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. 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 custodian at the [REDACTED] injured herself at work on February 27, 2003 when she pulled open a heavy door which struck her. She suffered injuries to her head, cervical spine, right shoulder and lumbar spine. For the past 10 years various physicians have treated her for these injuries. The patient also suffers from depression, anxiety and ulcers. Her medications as of 9/17/13 were Norco, Restoril, Anaprox, Prilosec, Motrin, Tramadol, Celebrex and Medrol. Of note the patient states she suffers from ulcers due to pain medications. This is documented in a report from [REDACTED], dated 09/17/2013. The file contains a request by the patient for a GI consult by [REDACTED]. [REDACTED] is listed as the medical provider. He is an orthopedic surgeon. In a progress report dated 09/17/2013 he states that he saw the patient on 09/17/2013 and that she saw [REDACTED] (date of contact not documented) and that he prescribed Lansoprazole, 30mg, Amoxicillin 500mg and Clarithromycin 500mg. The patient reported that she has worsening abdomen pain, secondary to medication use. There is a letter dated 8/15/2013 from [REDACTED] (orthopedic surgeon) in which he states that the "patient began having ulcers and increased high blood pressure which she attributed to the use of her medications, used for work injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

A GI consult with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Up to Date Website

Decision rationale: The patient already has an established relationship with GI specialist [REDACTED]. Although documentation from him is lacking it appears that he saw her and diagnosed her with peptic ulcer disease. The treatment with Lansoprazole, Amoxicillin and Clarithromycin is standard for treatment of peptic ulcer disease. The documentation she hasn't improved and there is in need of follow up. The orthopedic doctors let the patient make the diagnosis that initiated the referral. The patient stated that she has ulcers related to the medication. From the documentation provided this complaint initiated the referral. Additionally while long term NSAID use can result in abdominal pain and peptic ulcer disease, there are many other causes. Cardiac, gynecologic, endocrine, renal, hematologic, psychologic pathology are other causes abdominal pain. Since this the patient has already started treatment with this specialist for peptic ulcer disease, it would be in the patient's best interest to continue.