

Case Number:	CM13-0054600		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2010
Decision Date:	03/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 District of Columbia and Virginia. 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:

This is a 30 year old female, who sustained injury on January, 30 2010. She underwent an L5-S1 lumbar fusion on October, 8 2012. Following surgery, patient had ongoing pain issues and abdominal discomfort. The physician saw the patient on October, 22 2013 for the above issues. She was given Ultram, Lyrica, Lidocaine patch, Omeprazole, and Trazodone. The physician saw the patient on September, 9 2013 for the above issues. She was given Ultram, Lyrica, Lidocaine patch, Omeprazole, and Trazodone. A consultation with GI was ordered, as well. The physician saw the patient on July, 25 2013 and was noted to have diarrhea and upset stomach after she had been taken off suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastrointestinal evaluation and treatment: 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), 2nd Edition, (2004), Chapter 7, page(s) 127. Chronic Pain 2009, page 84: Tramadol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127

Decision rationale: The patient had been prescribed multiple medications. There needs to be further evaluation of potential side effects from the patient's medication. This should be done before a gastroenterologist consultation is obtained. It is not medically necessary at this time.