MAXIMUS Federal Services

Case Number:	CM14-0002263		
Date Assigned:	01/24/2014	Date of Injury:	10/28/2011
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 35 year old female with a reported date of injury on 10/08/2011. The injury reportedly occurred when the injured worker was lifting a 40 pound object. According to the clinical information provided the injured worker's first complaint of GI upset was 10/09/2013. According to the clinical note dated 11/25/2013 the injured worker complained of nausea, constipation, and diarrhea and decreased appetite. The clinical note dated 05/02/2013 stated the injured worker participated in an opioid detox program. According to the clinical information provided for review the primary physician received three letters of concern related to the injured worker's use of narcotics, dated 07/03/2013, 08/27/2013 and 11/18/2013. Diagnoses included shoulder instability, carpal tunnel syndrome, opioid dependence, major depressive disorder, post-traumatic stress disorder, obsessive-compulsive disorder and GI distress. The medication regimen included Neurontin, Xanax, Zoloft, Ibuprofen and Suboxone. The request for authorization for GI consult was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Office Visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment. According to the clinical information provided for the review, the injured worker's initial complaint of constipation was dated 10/09/2013. Included in the claimant's diagnosis is opioid dependence. The primary physician received three letters of concern related to the claimant's use of narcotics, dated 07/03/2013, 08/27/2013 and 11/18/2013. The content of the letters was not provided for review and there is a lack of documentation addressing the concerns. In addition, the injured worker was prescribed Suboxone, the first side effect listed is constipation. Furthermore, rationale for a GI consultation is unclear. Therefore, the rquest for GI consultation is not medically necessary and appropriate.