

Case Number:	CM14-0101073		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2008
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain 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:

45 year old male is an injured worker with date of injury 5/10/08 and with related gastrointestinal (GI) symptoms. Per progress report dated 5/5/14, the injured worker complained of GI symptoms secondary to ibuprofen use. He took ibuprofen for 1.5 years for lumbar spine and left shoulder pain. He stopped ibuprofen 2-3 months ago. Review of systems revealed abdominal pain, constipation, dry mouth, and gastritis. He complained of mild low back pain that was moderate and located in the mid back right sided, he also reported mild pain in the left shoulder. Treatment to date has included physical therapy and medication management. The date of UR decision was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper Gastrointestinal series.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004273/> :Upper GI and small bowel series.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Per ACOEM with regard to anti-inflammatory drugs: "The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely."The MTUS is silent on gastrointestinal series secondary to NSAID use. Per the documentation submitted for review, it was noted that the injured worker stopped using ibuprofen 2-3 months ago, and its usage was not a factor with the current symptoms. There is insufficient information provided to establish the medical necessity or rationale for the requested upper GI series. There is documentation specifying how the current status is related to the industrial injury. The request is not medically necessary.