

Case Number:	CM14-0016662		
Date Assigned:	04/11/2014	Date of Injury:	02/08/2011
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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:

This is a 48 year old male patient who developed abdominal pain noted 4 months prior to Oct 2 2013, as noted by [REDACTED]. During this time, he had been taking a large amount of pain medication and that NSAIDS had caused stomach irritation. He was thought to have NSAIDinduced gastritis as a direct result of the pain medications he had been taking for chronic pain. He also had been given instruction to continue to treat his chest pain with omeprazol and carafate, as this was thought be a direct result of GERD. [REDACTED] saw the patient on Nov 14 2013 and noted epigastric abdominal pain and left chest area. He did not note any improvement despite being on maximum therapy with prilosec and carafate. He was to be evaluated for pancreatitis and referred to GI.

IMR ISSUES, DECISIONS AND RATIONALES

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

GASTROENTEROLOGIST CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Consultations Chapter (ACOEM

Practice Guidelines, 2nd Edition (2004), Chapter 7) pg 127 and Official Disability Guidelines (ODG), page 127

Decision rationale: Per ODG guidelines, health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultation is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee of patient. This patient developed chronic pain following an industrial injury and was taking many pain medications to treat this condition. Following this, he was noted to have developed a gastritis and given a trial of omeprazole. This did not demonstrate improvement. The symptoms persisted for several months. The patient was then referred to a gastroenterologist for further evaluation. The patient had a treatment failure and there was clinical suspicion that further testing would be needed and this would require the services of a gastroenterologist. This would be medically reasonable and indicated for this patient.