MAXIMUS Federal Services

Case Number:	CM14-0114494		
Date Assigned:	08/04/2014	Date of Injury:	10/26/2009
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pulmonary Disease 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:

The injured worker is a 47-year-old male who reported an unknown injury on October 26, 2009. On June 3, 2014, he presented with back pain. He described his pain as severe and constant, which was dull and aching with associated stiffness and spasm in the lower extremities. He rated his pain at 9/10 despite multiple medications. His medications included OxyContin 40 mg and Dilaudid 80 mg. The progress note stated he also received relief from Lidoderm patches, Voltaren gel, and Nexium for his upper GI complaints, but no dosages were noted. He was also receiving psychiatric treatment and medications of an unknown nature. His diagnoses included history of lumbar surgeries and intractable lumbar pain, lumbar radiculopathy, depression/anxiety, history of constipation, and history of gastritis. The examining physician noted that this worker continued to have significant GI complaints, which were most likely due to his multiple medications, but he was advised to continue taking Nexium. He had had multiple severe side effects to muscle relaxants, gabapentin, and Lyrica in the past. There was no rationale included in this worker's chart. A Request for Authorization dated June 23, 2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 - EDG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE Standards of Practice Committee: The role of endoscopy in dyspepsia. Gastrointestinal Endoscopy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-73.

Decision rationale: Regarding GI involvement, the California MTUS Guidelines suggest that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. It should be determined if the injured worker is at risk for gastrointestinal events. The at risk group includes persons over age 65, those with a history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high-dose/multiple NSAID use. There was no documentation of any historical gastrointestinal events or risk factors, and insufficient documentation submitted to enable a determination of this worker's proclivity for future gastrointestinal events. Additionally, it was noted that his gastrointestinal distress is related to his multiple medication use. Therefore, this request for 1 - EDG is not medically necessary.

1 - Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association: Medical Position Statement on Constipation. Gastroenterology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-73.

Decision rationale: Regarding GI involvement, the California MTUS Guidelines suggest that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. It should be determined if the injured worker is at risk for gastrointestinal events. The at risk group includes persons over age 65, those with a history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high-dose/multiple NSAID use. There was no documentation of any historical gastrointestinal events or risk factors, and insufficient documentation submitted to enable a determination of this worker's proclivity for future gastrointestinal events. Additionally, it was noted that his gastrointestinal distress is related to his multiple medication use. Therefore, this request for 1 - colonoscopy is not medically necessary.