

<b>Case Number:</b>	CM14-0038327		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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 patient is a 48-year-old male with a history of depression, anxiety, peptic ulcer disease, and h. pylori. He also presents with status-post(s/p) treatment Gastroesophageal reflux disease (GERD), degenerative disc disease of the cervical spine, and right hand carpal tunnel syndrome. He sustained an injury from a machinery accident and complains of chronic neck and back pain. Medications have included Omeprazole, Wellbutrin, Seroquel, Temazepam, Soma and Tramadol. Per the records, in 2007 the patient saw a Gastroenterologist, [REDACTED], who performed an esophagogastroduodenoscopy (EDG) which demonstrated reflux, a small hiatal hernia, and was positive for h. pylori. The patient was reportedly treated with antibiotics and was using omeprazole. He also was found to have a positive occult stool test. A colonoscopy was recommended. In 2013, patient had persistent abdominal pain, with epigastric tenderness on exam. EGD was performed and demonstrated antral gastritis. Colonoscopy was also recommended as patient had a reported history of polyps. The records did not include any colonoscopy reports. Most recently, Gastroenterologist, [REDACTED] evaluated the patient on 2/28/14. The patient was complaining of epigastric pain, nausea, heartburn, gastroesophageal (GE) reflux and alternating diarrhea and constipation. EGD and colonoscopy were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colonoscopy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.medicinenet.com/colonoscopy/article.htm](http://www.medicinenet.com/colonoscopy/article.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.gastrohep.com/ebooks/ebook.asp?book=1405120800&id=2>.

**Decision rationale:** A colonoscopy is indicated in patients that complain of symptoms, or have signs, of gastrointestinal bleeding. This can include vomiting blood, dark black tarry stool, or bright red blood per rectum. Patients with chronic abdominal pain, and/or symptoms or signs suggestive of inflammatory bowel disease should also receive colonoscopies. Lastly, colonoscopy is used for routine screening of colorectal cancer. This patient has chronic abdominal pain associated with diarrhea and constipation. Per the records, colonoscopy was recommended on several occasions, but there are no records indicating it was ever done. Thus, the request for colonoscopy is medically necessary.

**EGD (Esophagogastroduodenoscopy):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/gastroenterology/esophagogastroduodenoscopy\\_92,P07717/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/esophagogastroduodenoscopy_92,P07717/).

**Decision rationale:** Esophagogastroduodenoscopy (EGD) is a procedure in which a camera is guided down the upper gastrointestinal (GI) tract, usually down to the small intestine, to look for pathology. EGD is indicated in patients with symptoms or signs of upper GI bleeding, chronic GERD not alleviated by proton pump inhibitor therapy, and as screening for esophageal varices in patients with liver cirrhosis. This patient complaint is of chronic reflux and epigastric abdominal pain. He has a history of h. pylori, gastritis and peptic ulcer disease. He was apparently treated for h. pylori in 2007 and his symptoms persist while on omeprazole. His last EGD was done in 2013 per the records demonstrated antral gastritis. Since the patient recently had an EGD in 2013, the medical necessity of repeating the study after one year is not certified. The patient is not reporting any red flags such as melena or hematemesis, or weight loss. Another option is empirically treating the patient with quadruple therapy. The medical necessity of EGD has not been established. If the epigastric pain persisted after these measures, a repeat EGD with biopsy would be reasonable at that time. At this time, the request is not medically necessary.

**Zofran 4mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zofran.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>.

**Decision rationale:** Zofran is in a class of medications called antiemetics. It is primary used to treat symptoms of nausea and vomiting. The patient complains of nausea, which is perhaps a result of his gastritis. Zofran is an appropriate treatment for nausea, thus the request is medically necessary.