

Case Number:	CM14-0058057		
Date Assigned:	08/27/2014	Date of Injury:	05/11/2011
Decision Date:	10/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Osteopathic Family Practice 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 51 year old male who sustained an industrial injury on 5/11/2011 when he bumped his left foot on the side of a dolly. The patient presented for an initial internal medicine evaluation on 3/21/14 with chief complaints of hypertension, gastrointestinal complaints and psoriasis. He underwent knee surgery in 2012 and discectomy in 2013. He reports that in December 2013 he started experiencing abdominal pain and discomfort with associated acid reflux and heartburn which he attributes to his chronic intake of pain medications. He is currently receiving Omeprazole which he reports to be beneficial. In January 2014 he was diagnosed with borderline DM and hypertension. His current medications consist of Omeprazole 20 mg, Cyclobenzaprine 10 mg, Gabapentin 300 mg, Ibuprofen 500 mg, Hydrocodone 325 mg once daily, and Hydrochlorothiazide. He reports occasional abdominal pain, acid reflux, nausea, constipation and weight gain. He denies any melena, bright red blood per rectum, peptic ulcer disease or hepatitis. Examination revealed objective findings of +1 epigastric tenderness, consistent with subjective complaints of acid reflux, nausea and constipation. He was diagnosed with acid reflux, blurred vision, hypertension and psoriasis rule out industrial causation. Utilization Review dated 4/14/14 reviewed the 3/21/14 report and approved the request for urine toxicology screen. The request for fasting labs GI only, abdominal ultrasound and upper GI series were denied. In regards to laboratory studies, the peer reviewer noted that the patient is stable and there is no data to conclude a need for fasting labs. There was also no indication as to which specific fasting labs were being required. In regards to abdominal ultrasound, the prior peer reviewer noted that this is a stable patient on the current medications for GERD and there is no data the abdominal ultrasound is indicated for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting labs (GI only): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>

Decision rationale: The request for laboratory studies is not supported. The patient is reporting gastro-intestinal complaints due to medications. He is being prescribed Omeprazole. He is reporting the medication to be beneficial and there is no evidence of red flags that would support the request for laboratory studies. The request for fasting labs (GI only) is not medically necessary.

Abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Abdominal ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ultrasound.html>

Decision rationale: The medical records submitted for review indicate that the patient is reporting benefit with the use of PPI. Furthermore, there is no evidence of red flags that would support the request for abdominal ultrasound. The requested service is not medically necessary.

Upper GI series x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://digestive.niddk.nih.gov/ddiseases/pubs/uppergi/>

Decision rationale: The medical records submitted for review indicate that the patient is reporting benefit with the use of PPI. Furthermore, there is no evidence of red flags that would support the request for upper GI series. The requested service is not medically necessary.