

<b>Case Number:</b>	CM14-0065347		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 employee was a 50 year old female who had sustained an industrial injury on 06/30/1999. She developed neck pain after a loaded pallet struck a plate while she was pushing it, which caused her neck to be "jerked" out of place. She was initially treated conservatively, with medications and physical therapy. Subsequently she had nerve blocks and two neck surgeries. She started having nausea and vomiting in July of 2007. She underwent upper GI endoscopy that showed GERD. She also underwent colonoscopy which was consistent with irritable bowel syndrome. In 2011, she remained symptomatic from her GI complaints despite being on medications. Her medications included; Neurontin, Robaxin, Norco, Morphine, Dicyclomine, Zofran, Colace, Prevacid, Xanax, Estradiol, Donnatal, medical Marijuana and Miralax. On October 21, 2013, she was seen by the Internal medicine consultant. Her GI issues at the time included Gastroparesis, gastrointestinal motility issues from narcotic medications. She was reported to have had extensive studies including upper GI endoscopy, colonoscopy and a capsule study which revealed some type of torsion of the mesenteric artery. She had lost 140 pounds of weight due to abdominal pain after eating, constipation and difficulty with cramping. In the past, she had been told of other diagnoses including gastric ulcers, esophageal hiatal hernia and irritable bowel syndrome. A review of a capsular endoscopy in 2011, showed atypical motility pattern with ampulla and perhaps the duodenal bulb seen again at 1 hour, 52 minutes and 40 seconds, about 1-1/2 hours after the capsule initially passed the pylorus. In 2013, her CT scan of abdomen and pelvis was remarkable for hepatomegaly and enteritis with liquid stool throughout the colon. On 03/26/14 she had an upper endoscopy that revealed antral gastritis, small hiatal hernia and bile reflux through the pylorus. The pathology results showed benign gastric mucosa, with focal surface mucosal erosions, reactive gastropathy. A history and physical from 03/26/14 includes symptoms of nausea, vomiting and abdominal pain. She had a history of idiopathic

gastroparesis since 2007. She reported relief with Zofran. The plan of care included EGD, gastric emptying study and video esophagogram. The discharge medications included Norco, Xanax, Donnatal oral tablets, Colace, Neurontin, Prevacid, Robaxin, Morphine SR, Zofran and Miralax powder. A request was submitted for video UGI series and 4 hour gastric emptying studies for the diagnoses of idiopathic gastroparesis and opioid use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gastric emptying study:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: Motility testing: When does it help? Uptodate.

**Decision rationale:** The employee had a diagnosis of severe gastric disorder, idiopathic gastroparesis and constipation due to Opioids. She had nausea, vomiting and abdominal pain and had lost close to 140 pounds over several years. Her prior GI work up included a capsule endoscopy in 2011 that showed atypical motility pattern. She was seen by GI who recommended EGD, gastric emptying study and video esophagogram since there were no recent studies. According to the article cited above, an assessment of gastric emptying study may be beneficial for patients with unexplained nausea and/or vomiting, refractory GERD, known gastric emptying disturbance in whom an objective evidence of a response to motility altering drugs is desired. Since the employee had severe GI symptoms with weight loss of more than 50% of her weight, with limited options for treatment given her allergy to Reglan and also given the fact that she was on multiple medications without relief, further work up including gastric emptying study is warranted. Hence the request for gastric emptying study is not medically necessary and appropriate.