

<b>Case Number:</b>	CM14-0072394		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/15/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and is licensed to practice in New York. 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 58 year old female with a date of injury of 08/15/2003. The accepted claim is for lumbar pain and neck pain. She had dyspepsia since 2002, before the injury, and had an associated hiatal hernia (report 08/19/2013). Her medication included Tylenol #3, Nexium, Zantac, Maalox, Ambien, Capsaicin cream and Lyrica. She had an upper endoscopy on 07/12/2011. On 08/13/2013, 10/08/2013 and on 11/05/2013 it was noted that she was taking Nexium 40 mg BID for gastritis. On 01/07/2014 it was noted that she had chronic gastritis with GI irritation. On 03/28/2014 it was noted that she had left upper quadrant pain and epigastric pain despite treatment with pantoprazole. Then she was prescribed Nexium 40 mg and Ranitidine and she continued to have abdominal pain. Her belching stopped. On examination she had "slight upper central and left epigastric tenderness to palpation. There was no left upper quadrant tenderness to palpation." The listed diagnosis was GERD-reflux esophagitis and dyspepsia acid. The Nexium was increased to 40 mg BID. On 05/27/2014 it was noted that her abdominal pain was much worse since 08/12/2012. She continued to have left epigastric tenderness and left upper quadrant tenderness to palpation. Amylase and Lipase were ordered. It was noted that her GI symptoms only started after treatment with NSAIDS for pain. On 06/96/2014 it was noted that she has chronic GI pain despite taking Nexium. A request for upper endoscopy had been denied. There was no abdominal exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GI endoscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

**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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

**Decision rationale:** There are no relevant MTUS guidelines. The patient has chronic epigastric symptoms for months despite treatment with Nexium 40 mg BID, ranitidine and Maalox. She had an upper endoscopy on 07/12/2011 (results not available) and despite extensive treatment, her epigastric pain and tenderness on palpation were increased between 08/2012 and 05/2014. Chronic upper GI symptoms despite months of treatment with proton pump inhibitors is an indication for an upper endoscopy to rule out tumor, Barrett's esophagus and a hypersecretory syndrome.