

<b>Case Number:</b>	CM14-0077063		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 injured worker is a 49-year-old male who reported injury on 08/13/2012. He sustained injuries due to an electrocution injury while performing coax splicing. He was in a cherry picker next to a high tension/high voltage line and there was contact with his right (shoulder should be the left) upper extremity, subsequent explosion and fire. The injured worker caught on fire. The injured worker's treatment history included left upper extremity traumatic amputation, skin grafting for burn injury, right shoulder rotator cuff repair, ventral hernia repair and cervical spinal cord stimulator implant. Diagnostic studies were not provided for this review. The injured worker was evaluated on 04/28/2014 and it was documented that the gastroenterologist wanted to increase the injured worker's Omeprazole to 20 mg before breakfast and before supper and he was going to give the injured worker a gastroparesis type of diet, which was essentially a low fat/low fiber diet; and the provider would see how the injured worker did with this. If his symptoms were to persist in spite of the above, consideration for a gastric emptying study and/or endoscopy could be given. The injured worker was evaluated on 05/06/2014 and it was documented that the injured worker complained of nausea and vomiting and feels full all the time and had bilateral knee pain. The physical examination of the bilateral knees revealed no effusion, no tenderness and negative anterior and posterior drawer tests, negative McMurray's and Lachman's tests and full range of motion without crepitus. The current medication list includes Pantoprazole, Ibuprofen, Ondansetron, Cetirizine, Oxycodone, Methadone, Colace, Senna, Omeprazole, Cymbalta, Cialis, Toviaz and Marinol. The treatment plan included followup with [REDACTED] for the nausea/vomiting and the gastric emptying study. Request for Authorization dated 05/08/2014 was for gastric emptying study.

### 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 Chronic Pain Treatment Guidelines Opioids Page(s): 83-84. Decision based on Non-MTUS Citation Official Disability Guidelines

**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.medicinenet.com/gastric\\_emptying\\_study/page2.htm](http://www.medicinenet.com/gastric_emptying_study/page2.htm)

**Decision rationale:** The request for gastric emptying study is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) Opioids in general: A recent meta-analysis found that opioids were more effective than placebo for reducing pain intensity. The benefit for physical function was small and was considered questionable for clinical relevance. Lack of benefit for function may be due to lack of anti-inflammatory effect for this class of medications and presence of side effects such as dizziness and drowsiness. Adverse events in general may limit the benefit of opioids as this same study found that out of every five patients that received opioids, one discontinued the medication due to an adverse event. These adverse events included epigastric pain, nausea, vomiting, constipation, dry mouth, dizziness, somnolence and headache. Weaker opioids were found to be less likely to produce adverse effects than stronger opioids such as oxycodone, Fentanyl or morphine. No conclusion can be made on how opioids compare to other available pharmacologic treatment due to limited studies. (Avouac, 2007). Per Medicine Net.Com state that a gastric emptying study often is used when there is a suspicion that there is an abnormally delayed emptying of food from the stomach, medically called delayed gastric emptying. Delayed gastric emptying most commonly gives rise to abdominal discomfort after meals, nausea and vomiting. The two most common causes of delayed gastric emptying are gastric outlet obstruction and gastroparesis. The most common causes of gastric outlet obstruction are scarring or inflammation of the pylorus from peptic ulcers, cancers of the stomach, or, occasionally, cancers near the pylorus, for example, of the pancreas or duodenum. A diagnosis of gastric outlet obstruction is made by tests such as esophagogastroduodenoscopy (EGD), abdominal computerized tomography (CT scan), and upper GI series. The documentation submitted on 04/28/2014 from the gastroenterologist stated he wanted the injured worker to increase his omeprazole to 20 mg before breakfast and before supper and he would give him a gastroparesis type of diet, which was essentially a low fat/low fiber diet; and he would see how the injured worker did with this. If his symptoms persisted in spite of the above consideration, the provider would recommend a gastric emptying study and/or endoscopy could be given. The above consideration for the increasement in omeprazole and a gastroparesis type of diet, the provider failed to provide the outcome measurements, as well as the recommendations from the gastroenterologist. As such, the request for request for gastric emptying study is not medically necessary.