

<b>Case Number:</b>	CM14-0099978		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 General Surgery 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:

This 45 year old male was injured in 2004. He has had back and left shoulder issues. He has been on Non-steroidal Anti-Inflammatory Drugs (NSAIDs); Proton Pump Inhibitors (PPIs) for four years and is a hypertensive diabetic on oral hypoglycemics. He has reported a three year history of dyspepsia, reflux, and upper abdominal pain associated with some nausea but no vomiting. He has had multiple hernia repairs and has diastasis recti. The Prilosec at once a day helped some but not enough. Recently he was told to stop Prilosec and has been using Prevacid BID. He has been using Ibuprofen 800 mg BID x 4 years. He also reportedly has abnormal liver function studies. Despite the decrease in the use of NSAIDs, his symptoms of gastritis and reflux continue. An upper endoscopy was advised by the PCP but he was unable to have that done for financial reasons. An upper Gastrointestinal (GI) series has been recommended and denied as not being indicated. Tramadol has been prescribed for his chronic shoulder and back pain. This was denied because of a lack of failure of conservative management with NSAIDs, acetaminophen, and non-opioid medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI series:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for

the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar;108(3):308-28.

**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:Chronic Gastritis Workup Author: Sandeep Mukherjee, MB, BCh, MPH, FRCPC; Chief Editor: Julian Katz, MEDSCAPEThe diagnosis of chronic gastritis can only be established on histologic grounds. Therefore, histologic assessment of endoscopic biopsies is essential. Identification of the underlying cause of chronic gastritis and assessment of specific complications can require several laboratory tests. Failure to diagnose the underlying cause of chronic gastritis correctly may result in unnecessary morbidity. Failure to identify and treat H pylori infection in the presence of peptic ulcers may result in ulcer recurrence and complications.

**Decision rationale:** Non-steroidal Anti-Inflammatory Drugs (NSAIDs), acetaminophen, and aspirin can be associated with GI distress. Symptoms continue in spite of a marked decrease in the use of NSAIDs. Prilosec was not tried twice a day (BID) instead of one a day (QD). He was switched to Prevacid bid and symptoms persist. Standard of care today necessitates upper endoscopy in a case such as this when symptoms persist. Biopsy material cannot be derived thru the use of an UGI series. The UGI series is not indicated. Hypertension can also be related to the use of NSAIDs. Such as, an upper GI series is medically necessary.

**Tramadol 50mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram) Page(s): 75.

**Decision rationale:** The diagnosis of chronic gastritis can only be established on histological grounds. Therefore, histological assessment of endoscopic biopsies is essential. Identification of the underlying cause of chronic gastritis and assessment of specific complications can require several laboratory tests. Failure to diagnose the underlying cause of chronic gastritis correctly may result in unnecessary morbidity. Failure to identify and treat H pylori infection in the presence of peptic ulcers may result in ulcer recurrence and complications. Such as, Tramadol 50mg #90 is medically necessary.