

<b>Case Number:</b>	CM14-0194000		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 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 71 year old male with a date of injury of 06/30/2000. He has a past history of a CABG (Coronary Artery Bypass Graft Surgery), GERD (Gastro-Esophageal Reflux Disease), diabetes, heart valve disease/murmur and scarring of the right lung. On 01/06/2014 the glucose was 118. Electrolyte, renal function and liver function tests were all normal. On 03/19/2014 the glucose was 106. The HbA1c was 6.5. Urine analysis was normal. A CAT scan of the chest on 09/29/2014 was unchanged from 07/29/2011. On 10/15/2014 the O2 saturation on room air was 96% and spirometry was normal. On 11/18/2014 his medications included Cozaar, Prednisone, Lipitor, Omeprazole, Claritin, Lasix, Flovent and Bactrim DS. He was 5'6" tall and weighed 172 pounds. He had expiratory wheeze and an II/VI systolic murmur. The O2 saturation on room air was 97%. He had a mild reduction in flow rates on spirometry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral and consultation with endocrinologist:** 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: Harrison's Principles of Internal Medicine 18th Edition. 2011

**Decision rationale:** Consultations with specialists are medically necessary when the patient has a condition that requires active treatment and specialty expertise is required. There is insufficient documentation to substantiate the medical necessity for an endocrine referral and consultation for treatment of diabetes. The glucose is only mildly elevated and the HbA1c has already met the goal for diabetics of being less than 7. He is effectively treated without the necessity for an endocrine consultation. The request is not medically necessary.

**Omeprazole 20mg, #30:** 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: Harrison's Principles of Internal Medicine, 18th Edition. 2011

**Decision rationale:** After a review of the medical records provided there is no documentation of GI bleed, peptic ulcer disease or treatment with anticoagulant or NSAIDS. Per the cited Guidelines there are numerous potential adverse effects of long term treatment with a PPI (proton pump inhibitor). There is insufficient documentation to substantiate the medical necessity for long term continued Omeprazole. The request is not medically necessary.