

<b>Case Number:</b>	CM15-0192432		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 injured worker is a 66 year old female who reported an industrial injury on 9-15-2008. Her diagnoses, and or impressions, were noted to include: multiple orthopedic issues; refractory gastritis secondary to chronic non-steroidal anti-inflammatory use, with mild improvement on recently prescribed proton-pump inhibitor medication; and constipation, likely iatrogenic secondary to Tramadol use. The history noted: deep vein thrombosis in the right leg during pregnancy; high cholesterol; a liver panel and internal medicine consult with treatment; multiple surgical procedures, and another date of injury (4-1-03). Her treatments were noted to include: an agreed medical re-examination in orthopedics on 9-8-2015; medication management with toxicology studies (6-8-15); and rest from work (on 7-13-15) after working modified work duties. The internal medicine progress notes of 9-4-2015 reported complaints which included: that Celebrex and Mobic (any non-steroidal anti-inflammatories) had been discontinued, improving her abdominal symptoms; and that Omeprazole helped but she continued with dyspepsia, acid reflux and epigastric pain. The objective findings were noted to include: dyspepsia; that despite warnings, she tended to eat in the evenings, assuming a prone or supine position rapidly following ingestion of meals and resulting in refractory gastritis; and that she had been being treated for dyspepsia and acid reflux, and with non-steroidal anti-inflammatories, Tramadol, and Omeprazole, by an outside physician. The physician's request for treatment was noted to include a discussion of prandial habits, changes in medications; and a re-evaluation in 4-6 weeks. The Request for Authorization, dated 9-14-2015, was noted to include a follow-up

appointment on 10-15-15. The Utilization Review of 9-21-2015 non-certified the request for a follow-up with Family Medicine.

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

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

**Follow-up with family medicine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 08/20/15) - Online Version, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing improved but continued abdominal discomfort. The documentation reported the worker was suffering from gastritis due to pain medication that was subsequently stopped and from constipation due to other pain medication. These are conditions that are usually managed by the provider prescribing the medication; when specialty care is required, a gastroenterologist is generally the most appropriate specialist to provide that care. These records described no symptoms, findings, or conditions requiring the requested type of specialty medical care, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for another consultation with a family medicine provider for unspecified issues is not medically necessary.