

Case Number:	CM15-0213527		
Date Assigned:	11/03/2015	Date of Injury:	09/09/2014
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 63 year old male who sustained an industrial injury on 8-16-2004. A review of medical records indicates the injured worker is being treated for left shoulder rotator cuff tear. Medical records dated 8-28-2015 noted pain in the left shoulder rated 7 out of 10. The pain was about the same since the last visit. Pain is made better with rest and medications. Physical examination of the bilateral shoulder revealed decreased range of motion and tenderness. Treatment has included Tramadol and Kera-tek-Gel. It is also noted 5-28-2015 noted dysphagia and constipation. Utilization review form dated 9-30-2015 non-certified Prevacid, upper GI series, and toxicology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The available medical record does not establish the patient as being at risk for a GI event, there is a diagnosis of dysphagia and constipation but neither of this indicates a risk. There is also record of a NSAID being used, but it appears to be a topical. As such, the request for Prevacid 30mg #30 is not medically necessary.

Upper GI series: 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 1) National institute of Diabetes and Digestive and Kidney disorders; diagnostic tests>upper GI (www.niddk.nih.gov), 2) MedScape; upper gastrointestinal bleeding; upper gastrointestinal imaging.

Decision rationale: CA-MTUS is silent regarding the use of upper GI imaging series so other references were used. The available medical record notes diagnoses of dysphagia and constipation as the only GI related issues. Presumably the upper GI series is being requested to examine the complaint of dysphagia. Per the references cited UGI series may be indicated to aid in the diagnosis of the causes of dysphagia. However, the dysphagia is not characterized, there is no description of conservative measures taken to treat the symptoms and there is nothing in the record regarding consultation with either gastroenterology or speech pathology, which would be the most appropriate prescribers for this study. As such the request for an Upper GI series is not medically necessary.

Toxicology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a medical toxicologist. Regarding specialty consults it is stated that they may be needed if "the diagnosis is uncertain or complex."

ODG states specialty consults are "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Chemical exposures are listed in the diagnosis list for this IW, the IW has seen a pulmonologist for screening of potential inhalational injury, which would be appropriate acutely, however, a pulmonologist is not qualified to perform multisystem evaluation, or long-term follow up, for toxicologic exposures. The chemicals this IW has been exposed to are not provided/potentially unknown but this is not uncommon for industrial exposure and a medical toxicologist is specifically trained to identify and treat these sort of exposures. The earlier UR noted no nexus to the approved injury. This reviewer is not considering approved vs. non-approved injury and is making a determination based entirely on medical appropriateness of the request. As such, I am reversing the prior UR decision and deem the request is medically necessary.