

Case Number:	CM15-0054296		
Date Assigned:	03/27/2015	Date of Injury:	09/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

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

The injured worker is a 60 year old female, who sustained an industrial injury on 09/10/2010. On provider visit dated 01/20/2015 the injured worker has reported improving acid reflux and blood pressure with no medication. On examination of abdomen it was noted as soft and non-tender, no bowel sounds and no guarding noted. The diagnoses have included abdominal pain, acid reflux likely secondary to NSAID's, rule out ulcer/anatomical alteration and diarrhea likely secondary to stress and narcotics. Treatment to date has included medication, laboratory studies, endoscopy in 2012, psychiatric evaluation, and colonoscopy in 2013. The provider requested laboratory studies, GI profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory Studies (GI Profile): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 70.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient has been monitored with the above laboratory regimen for over a year. There is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Laboratory Studies (GI Profile) are not medically necessary.