

<b>Case Number:</b>	CM15-0063039		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 2/15/10. The injured worker was diagnosed as having constipation, gastroesophageal reflux disease and NSAID induced gastropathy. Treatment to date has included Tylenol #3, Maalox, Protonix, Colace and mineral oil. Currently, the injured worker complains of constipation and lumbar spine pain. Upon physical exam, it is noted the abdomen is less distended with mild left lower quadrant tenderness without rebound. The treatment plan consisted of gastrointestinal work up including upper GI and lower GI endoscopy and colonoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastroenterologist Evaluation and Treatment with upper GI Endoscopy and Colonoscopy:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, gastrointestinal evaluation and treatment with upper endoscopy and colonoscopy is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are constipation likely secondary to the use of opiates; nonsteroidal anti-inflammatory drug induced gastropathy; and gastroesophageal reflux. The injured worker underwent a cervical discectomy on March 24, 2014. The injured worker was started on Dilaudid and opiates with severe constipation. Dilaudid was discontinued and Tylenol #3 was started and subsequently continued. The treating physician's impression was constipation secondary to opiate use and gastroesophageal reflux. There is no rectal bleeding. The injured worker uses stool softeners, laxatives and proton pump inhibitors to treat the symptoms of opiate induced constipation. In July 2014, the treating physician prescribed Go-lightly that was not authorized. The injured worker reportedly takes mineral oil 1/2 cup as needed. In a progress note dated February 24, 2015, the internal medicine physician indicated there was no bleeding or rectal pain documented in the medical record. The injured worker continues to take Protonix 20 mg twice a day. Objectively, the documentation indicates left lower quadrant tenderness with rebound. There were no surgical consultations in the medical record to assess rebound (normally an acute surgical abdomen clinical finding). The treating physician's impression is that of opiate induced constipation. The symptoms, according to the documentation, appeared to be directly related to the opiates that were started in March 2014. A gastrointestinal workup with an upper G.I. endoscopy and colonoscopy is not clinically indicated. The treating physician needs an alternative form of treatment and the injured worker needs to have the opiates completely discontinued. An extensive workup with an upper G.I. endoscopy and colonoscopy in the absence of red flags such as upper G.I. bleeding and lower G.I. bleeding with a diagnosis of opiate induced constipation is not clinically indicated. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for an upper GI and lower G.I. workup, gastrointestinal evaluation and treatment with upper endoscopy and colonoscopy is not medically necessary.