MAXIMUS Federal Services

Case Number:	CM15-0085876		
Date Assigned:	05/07/2015	Date of Injury:	05/18/2010
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 58-year-old female who sustained a work related injury May 18, 2010. Past history included s/p gastric bypass, 2011, left shoulder surgery and bronchitis. According to a secondary treating physician's progress report, dated March 18, 2015, the injured worker presents with acid reflux symptoms. She has not received Dexilant since January 2015, and her symptoms have increased. She is receiving ranitidine and has used omeprazole in conjunction with ranitidine, however, does not have the same relief. On examination; the nose, throat and neck are normal; the abdomen is soft with no rebound tenderness, no masses, hepatomegaly, or splenomegaly. Diagnoses are GERD (gastroesophageal reflux disease)/gastritis; possible irritable bowel syndrome; right renal cyst, non-industrial. Treatment plan included adjustment in diet and request for authorization for Dexilant and gastroenterology specialist re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI specialist re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request is considered not medically necessary. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. The patient has been on ranitidine and omeprazole without relief of symptoms. Her symptoms were previously controlled with Dexilant, a more effective proton pump inhibitor. It is reasonable to restart Dexilant prior to referring to a GI specialist. If Dexilant is ineffective, then a referral to GI would be warranted. Therefore, the request is considered not medically necessary.