MAXIMUS Federal Services

Case Number:	CM15-0013998		
Date Assigned:	02/02/2015	Date of Injury:	02/29/2000
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 02/29/2000. The mechanism of injury was not provided. The documentation of 12/02/2014 revealed the injured worker was utilizing multiple opiates, including OxyContin ER, OxyContin IR, and generic Dilaudid. The documentation indicated the medications caused predictable constipation, for which the injured worker was utilizing a combination of Miralax powder and stool softener. Additionally, the pain specialist recommended Laxacin, which the injured worker was utilizing with the other medications. In spite of stool softeners and laxatives, the injured worker had difficulty straining in stool, and had some occasional rectal bleeding and rectal burning. The injured worker utilized Anucort suppositories when he had burning on an as needed basis. The injured worker was following up with a psychiatrist and utilizing Prozac. For epigastric burning and dyspepsia, the injured worker was utilizing 20 to 40 mg twice a day, depending on the severity. The injured worker's blood pressure was noted to be 114/70, and his weight was 184 pounds. The pulse was 72. The injured worker was wearing multiple braces and splints on the knees and wrist. The lungs were clear to auscultation and percussion. The heart tones were soft, consistent with the sitting blood pressure. The injured worker's abdomen revealed almost continuous, but low pitched bowel sounds. There was tenderness in the mid epigastric area, extending more to the right than the left along the coastal margin. The diagnoses included gastritis medicamentosa secondary to orthopedic injury, and constipation secondary to the treatment of orthopedic injuries. The request was made for the injured worker to continue with a combination of Miralax and the stool softeners to keep the stool moving, and hydrocortisone suppositories. The

physician requested the injured worker be allowed to continue with lisinopril for his blood pressure 10 mg tablets twice a day. The request was made for the injured worker to followup in 2 to 3 months or sooner if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with internal medicine physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate office visits with a healthcare provider are individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker's concerns had been addressed by the physician. There is a lack of documentation indicating a necessity for a followup with an internal medicine physician. The blood pressure and constipation were being addressed by the treating physician. There was a lack of documentation of a rationale for an additional visit with an internal medicine physician. Given the above and the lack of rationale, the request for followup visit with internal medicine physician is not medically necessary.