

<b>Case Number:</b>	CM15-0119750		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/29/2000
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 64 year old male, who sustained an industrial injury on February 29, 200. The injured worker was diagnosed as having orthopedic injuries, gastritis medicamentosa and constipation. Treatment to date has included Dilaudid, Oxycontin, omeprazole, Miralax and suppositories. A progress note dated April 28, 2015 provides the injured worker complains of gastrointestinal (GI) upset and tenderness with occasional rectal bleeding. He reports use of pain medication causes gastrointestinal (GI) upset and the use of cortisone suppositories, omeprazole and Miralax provides relief. Physical exam notes epigastric and abdominal tenderness with guarding. Lab work was reviewed. The plan includes medication and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visit with internal medicine physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, follow-up office visit with internal medicine physician are not medically necessary. 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 medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnoses are gastritis secondary medications; constipation secondary to treatment (opiates); and orthopedic injuries for primary treating provider. The date of injury is February 29, 2000. The request for authorization was dated May 27, 2015. There is a progress note in the medical record dated April 28, 2015 from the treating internal medicine provider. Medical record contains eight pages. The injured worker is being treated for gastrointestinal symptoms. Subjectively, there is relief of symptoms with Omeprazole and Miralax. The injured worker has occasional rectal bleeding with straining. The injured worker suffers with constipation which is likely opiate induced. The injured worker is followed for blood pressure. Blood pressure is 125/75. Objectively, the worker has left lower quadrant tenderness and epigastric tenderness. The injured worker is stable according to the record documentation. The injured worker is followed by two additional providers, an orthopedic provider and a pain management provider. There is no clinical indication or rationale for a follow-up examination. There was no treatment plan indicating additional diagnostic testing was to be performed. The remaining providers can check blood pressures upon follow-up and, if new symptoms or exacerbation of symptoms develop, the injured worker may be referred at that time. Consequently, absent clinical documentation with additional workup/diagnostic testing, follow-up office visit with internal medicine physician is not medically necessary.