

<b>Case Number:</b>	CM13-0065615		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] who has submitted a claim for Abdominal pain; Constipation secondary to pain medications; GERD; Hypertension; Hyperlipidemia; Sleep disorder, rule out Obstructive Sleep Apnea; associated with an industrial injury date of 10/30/2003. Treatment to date has included L4-L5 and L5-S1 decompression and fusion, physical therapy, angioplasty, stent replacement, bilateral knee surgeries, hydrochlorothiazide, metoprolol, Prilosec, Gaviscon, Colace, gemfibrozil, Crestor, hydralazine, doxazosin, Celestone, Xylocaine, and Marcaine injections, Xanax, Flexeril, Norco, Ketoprofen cream, Gabapentin cream, Tramadol cream, Alprazolam, and Ultram. Medical records from 04/19/2013 to 10/16/2013 were reviewed showing that the patient had no complaints of abdominal pain, shortness of breath, chest pain, palpitations, or changes in sleep quality. Physical examination was unremarkable. Utilization review from 11/13/2013 denied the request for Gaviscon One Bottle One TBSP 3 Times Daily on an as needed basis due to lack of documentation regarding the necessity for additional medication since the patient reports that GERD symptoms are well controlled with PPI and diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL OF GAVISCON ONE BOTTLE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Gaviscon (<http://www.fda.gov/drugs/developmentapprovalprocess/ucm079068.htm>).

**Decision rationale:** The California MTUS does not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. It states that Gaviscon's activity in treating reflux acidity is made possible by the physical-chemical properties of the inactive ingredients, sodium bicarbonate and alginic acid. In this case, the employee has been on Gaviscon since February 2013. There have been no recent complaints of GERD symptoms (i.e., abdominal pain, chest pain), and the employee claims that symptoms are well controlled by Prilosec and diet modifications. Therefore, the request for Gaviscon One Bottle One TBSP 3 Times Daily On An As Needed Basis is not medically necessary.