

<b>Case Number:</b>	CM13-0071774		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/27/2004
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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/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 a 42-year-old female who reported an injury on 11/27/2004. The mechanism of injury was not provided in the medical records. The physician's progress note dated 11/01/2013 noted that the patient continues to have irritable bowel symptoms, with diarrhea worse than constipation, and acid reflux with intermittent burning epigastric pain and gastritis, which she reported did not improve with the medication. The patient also reports severe complex regional pain syndrome with right upper extremity, for which she is being treated by [REDACTED], and takes Lyrica. Upon examination, the patient is noted to have +1 tenderness to palpation noted in the epigastric region. The examination reveals tremor of the right upper extremity. Current medications listed were Gaviscon 1 three times a day as needed, Carafate #120 one gram daily, probiotics #60 one tablet twice a day, Sentra P.M. #60, take as directed, Theramine #90, take as directed, ranitidine #30 at 150 mg, take 1 daily, and Dexilant #30 at 60 mg, take 1 tablet daily. The documents provided for review did not include any conservative care, therapies, levels of pain, or range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GAVISCON WITH TWO (2) REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.RX.COM

**Decision rationale:** California MTUS/ACOEM and the Official Disability Guidelines do not cover Gaviscon. Rxlist.com lists Gaviscon as an antacid. It states antacids are a class of drugs used to treat conditions caused by the acid that is produced in the stomach. The stomach naturally secretes an acid called hydrochloric acid that helps break down proteins. This acid causes the contents of the stomach to be acidic in nature, with a pH level of 2 or 3 when acid secretion is active. When there is too much acid or protective mechanisms are inadequate, the lining of the stomach, duodenum, or esophagus may become damaged by the acid, giving rise to inflammation and ulcerations, and their various gastrointestinal symptoms such as nausea, abdominal pain, and heartburn (due to the gastroesophageal reflux disease, or GERD). The documentation provided did give evidence of acid reflux and gastritis. Therefore, the request for Gaviscon with two (2) refills is medically necessary and appropriate.