MAXIMUS Federal Services

Case Number:	CM14-0103845		
Date Assigned:	07/30/2014	Date of Injury:	12/27/2008
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine, 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 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 injured worker is a 52-year-old woman with a date of injury of 12/27/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [redacted] dated 02/26/2014, 05/01/2014, and 06/04/2014 indicated the worker was experiencing neck pain that involved her arms, shoulder pain and stiffness, mid and lower back pain that involved her legs, headaches, insomnia, anxiety, and depression. Oral and topical pain medications decreased her pain intensities. Documented examinations consistently showed positive left Spurling's and Hoffman's tests, positive cervical compression tests on both sides, decreased sensation along the left C6 and C7 nerves, and decreased reflexes involving the left arm. The submitted and reviewed records concluded the worker was suffering from cervical radiculopathy, left shoulder impingement syndrome, carpal tunnel syndrome, lumbar disc disease with radiculopathy, gastroesophageal reflux disease, several bulging spinal discs affecting the nerves, lower and mid back pain, and obesity. Treatment recommendations included continued pain medications, weight loss, an exercise program, urinary drug testing, and blood testing. A Utilization Review decision by [redacted] was rendered on 06/04/2014 recommending non-certification for Gaviscon, 1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon - 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com.

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:Aluminum hydroxide and magnesium carbonate: Drug information. Topic 8613, version 71.0.

Decision rationale: Gaviscon is a combination medication of aluminum with magnesium that is used to treat symptoms of heartburn, indigestion, or an upset stomach due to acid in the stomach. The submitted and reviewed documentation indicated the worker was experiencing neck pain that involved her arms, shoulder pain and stiffness, mid- and lower back pain that involved her legs, headaches, insomnia, anxiety, and depression. There was no description of heartburn, indigestion, or upset stomach symptoms or concerns. In the absence of such evidence, the current request for Gaviscon is not medically necessary.