

Case Number:	CM14-0016847		
Date Assigned:	04/11/2014	Date of Injury:	10/30/2003
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 75-year-old male who reported an injury on 10/30/2003. The mechanism of injury was not stated. Current diagnoses include abdominal pain, constipation, GERD, status post H. pylori treatment, hypertension, hyperlipidemia, and sleep disturbance. The injured worker was evaluated on 09/13/2013. The injured worker reported no change in sleep quality. The injured worker denied gastroesophageal reflux symptoms, abdominal pain, chest pain, shortness of breath, or constipation. Physical examination revealed normal findings. Treatment recommendations at that time included a prescription for Gaviscon.

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 www.RxList.com

Decision rationale: Gaviscon is used to treat acid indigestion, heartburn, and sour stomach. Gaviscon chewable tablets work by neutralizing acid in the stomach. As per the documentation submitted, the injured worker denied gastroesophageal reflux symptoms and abdominal pain.

Physical examination revealed normal findings. The injured worker also utilizes Prilosec 20 mg daily. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.