

Case Number:	CM14-0020672		
Date Assigned:	04/30/2014	Date of Injury:	11/24/2010
Decision Date:	08/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old female with a reported date of injury on 11/24/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include constipation/diarrhea, likely secondary to narcotics. Her previous treatments were noted to include Colace #60, 100 mg twice daily; and Gaviscon, 1 bottle, 1 tablespoon 3 times a day on an as needed basis. The progress note dated 01/08/2014 revealed the injured worker complained of constipation, and poor sleep quality. The physical examination revealed tenderness and range of motion was deferred to an appropriate specialist, and no significant findings were noted. The progress note dated 03/10/2014 revealed the injured worker noted improvement in her constipation with the continued use of Colace. The physical examination revealed no significant findings. The provider indicated the Gaviscon was discontinued. The Request for Authorization form dated 01/08/2014 was for Gaviscon, 1 bottle, 1 tablespoon 3 times a day on an as needed basis; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

GAVISCON BOTTLE #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68..

Decision rationale: The request for a Gaviscon bottle #1 is non-certified. The injured worker was prescribed this medication in 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend for the physician to determine if a patient is at risk for gastrointestinal events such as age greater than 65 years old; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose, multiple NSAIDs. There was a lack of documentation regarding the injured worker utilizing NSAIDs to warrant a prophylactic anti-reflex medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized, and the progress note dated 03/2014 revealed the physician had discontinued this medication. Therefore, the request is non-certified.