

Case Number:	CM14-0046080		
Date Assigned:	07/02/2014	Date of Injury:	06/06/2007
Decision Date:	08/01/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 57 yr. old male claimant sustained a work related cumulative injury from 10/12/04-9/14/10, resulting in chronic low back, shoulder, knee and ankle pain. His injuries resulted in gastroesophageal reflux as a result of NSAID use which was controlled with proton pump inhibitors. A progress note on 10/16/13 indicated he had reflux, constipation and diarrhea due to stress and NSAID use. The treating physician included Gaviscon to his medication regimen as needed 3 times a day for his gastrointestinal symptoms along with Prilosec. The claimant had been maintained on Gaviscon for several months. A progress note in January 22, 2014 noted improved symptoms and the Gaviscon were continued.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Gaviscon is an antacid used to treat gas, heartburn and indigestion. It contains alginic acid and bicarbonate to reduce reflux. The MTUS and ACOEM guidelines do

not comment on Gaviscon use. However, According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had already been on Prilosec. The addition, of Gaviscon is not medically necessary not supported by the guidelines.