MAXIMUS Federal Services

Case Number:	CM14-0069045		
Date Assigned:	07/14/2014	Date of Injury:	12/09/2011
Decision Date:	10/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation 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:

This 47 year-old male laborer sustained an injury on 12/9/11 while employed by [redacted] The patient noted thoracic and low back pain from lifting heavy concrete at job site. Request(s) under consideration include Gaviscon 1 Tbsp. three times per day. Diagnoses include abdominal pain; gastropathy; GERD secondary to NSAIDs, gastritis, IBS; internal hemorrhoids; hiatal hernia; dysphagia; blurred vision; hypertension; hyperlipidemia; rule out cardiac vs. pulmonary vs. anxiety; sleep disorder rule out obstructive sleep apnea. Report of 1/3/14 noted patient with improved abdominal pain, diarrhea, constipation, acid reflux, HTN and sleep quality. Exam showed BP of 149/100 with medications; diffuse tenderness in extremities and range of motion was deferred to appropriate specialist; abdominal exam showed soft and normative bowel sounds. The patient was P&S on 10/4/13. Request for Gaviscon was not recommended by peer review dated 2/18/14. The request(s) for Gaviscon 1 Tbsp. three times per day was non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon 1 TBSP three times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: The patient was noted to have gastric reflux disease as a result of NSAID use; however, it appears the patient has not been taking any NSAIDs. It appears NSAIDs were discontinued appropriately for its side effects and guidelines not recommending long-term use over acute period of few weeks from initial injury. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Gaviscon namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. The Gaviscon 1 Tbsp. three times per day is not medically necessary and appropriate.