

Case Number:	CM14-0198065		
Date Assigned:	12/08/2014	Date of Injury:	05/13/2011
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 46 year-old patient sustained an injury on 5/13/11 while employed by [REDACTED]. Request(s) under consideration include Gaviscon 1 Bottle. Diagnoses include Shoulder joint pain; cervical radiculopathy/ disc disease; lumbar radiculopathy/ disc disease; dental injury and TMJ pain. Conservative care has included medications, therapy, TENS/IF unit, trigger point injections, lumbar epidural steroid injections, and modified activities/rest. Medications list Zantac, Zofran, Probiotic, Valium, Promolaxin, Amitriptyline, Dendracin, Synovacin, Topical compounds, Fexmid, Norco, and Acetradryl. The patient continues to treat for chronic ongoing pain symptoms. Exam showed unchanged findings of limited cervical and lumbar range, tenderness at paraspinals, twitch responses at upper back and shoulder area; diffuse decreased sensation in L3-S1 dermatomes with diffuse weakness (unspecified) at lower extremities with antalgic gait and use of cane to ambulate. The treatment includes continuing with medications. The request(s) for Gaviscon 1 Bottle was non-certified 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 Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation WebMD.com, Official Disability Guidelines, Pain Chapter: Proton pump inhibitors (PPIs)

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

Decision rationale: Guidelines do not recommend long-term use of NSAID only to be provided over the acute period of few weeks from initial injury not indicated here for this chronic injury. Per the 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 Bottle is not medically necessary and appropriate.