

<b>Case Number:</b>	CM15-0006615		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 10/04/2010 after a motor vehicle accident. The injured worker reportedly sustained an injury to his lumbar spine resulting in surgical intervention in the way of anterior and posterior fusion at the L4-5 and L5-S1. The injured worker was evaluated on 09/30/2014. It was documented that the injured worker had left sided abdominal tenderness consistent with subjective complaints of stomach ache, bloating, gas, abdominal pain, nausea, and diarrhea. The injured worker's treatment plan included labs, an abdominal ultrasound, and a GI consultation. A Request for Authorization for Gaviscon was made. No justification was provided to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaviscon One Bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation <http://www.gaviscon.com>

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

**Decision rationale:** The requested Gaviscon 1 bottle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. It is indicated that the injured worker is having gastrointestinal issues. The clinical documentation indicates that the injured worker has been taking Gaviscon since at least 03/2014. However, the effectiveness of this medication is not provided. As the injured worker was having significant symptoms in 09/2014, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not provide a dosage or frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Gaviscon 1 bottle is not medically necessary.