

Case Number:	CM15-0010788		
Date Assigned:	01/28/2015	Date of Injury:	02/24/2006
Decision Date:	04/21/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 62-year-old male, who sustained an industrial injury on February 24, 2006, due to cumulative trauma. The diagnoses have included gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS) posttraumatic stress type, lumbar spine sprain/strain, MRI findings of disc bulges at L3-L4 and L4-L5, non-steroid anti-inflammatory drugs (NSAID) gastropathy, bilateral shoulder pain rule out impingement syndrome, and axil lower back pain, rule out facet arthropathy. Treatment to date has included medications. Currently, the injured worker complains of musculoskeletal pain involving the low back and lower extremities. The Primary Treating Physician' report dated December 10, 2014, noted the injured worker's constipation improved with the Miralax, and the acid reflux symptoms were controlled with the Gaviscon and Dexilant. The physical examination noted the abdomen soft, with no rebound tenderness, masses, hepatomegaly, or splenomegaly, with positive paraspinal tenderness in the lumbar region. On December 30, 2014, Utilization Review non-certified Gaviscon 150ml one bottle, noting the current medication list did not include any non-steroid anti-inflammatory drugs (NSAIDs) and did not specify a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, or concurrent use of aspirin, corticosteroids and/or anticoagulants. The MTUS Chronic Pain Medical Treatment Guidelines were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of Gaviscon 150ml one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon 150ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (up-to-date): Medical Management of Gastroesophageal Reflux Disease in Adults.

Decision rationale: Gaviscon is an antacid used for gastroesophageal reflux. The injured worker has medical diagnoses including GERD and symptoms are relieved with gaviscon and dexilant. The records do not substantiate efficacy or a discussion of side effects specifically related to gaviscon to justify medical necessity. There is also no discussion of symptoms and the abdominal exam is benign. The medical necessity gaviscon is not substantiated in the records. Gaviscon is not medically necessary.