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| Case Number: | CM15-0189710 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 01/31/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 1-31-2013. A review of medical records indicates the injured worker is being treated for lumbar sprain-strain, internal derangement of knee not otherwise specified, irritable bowel syndrome, and carpal tunnel syndrome. Medical records dated 4-23-2015 noted neck pain, low back pain, and left hip pain. She was not in physical therapy as she could not tolerate it. Physical examination noted there was tenderness to pressure over both wrists. Right and left dorsal flexion was 65 degrees, palmar flexion was at 70 degrees, ulnar deviation was 40 degrees, and radial deviation was at 20 degrees. There was spasm present in the paraspinal muscles. There was tenderness to palpation of the paraspinal muscles. Treatment has included Treatment has included Tramadol since at least 4-23-2015. Utilization review form dated 8-27-2015 non-certified Gaviscon and Bentyl 20mg #20.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009022/?report=details#uses>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/gaviscon-chewable-tablets.html>.

Decision rationale: Per manufacturer information, Gaviscon is an antacid and non-prescription medication containing aluminum/magnesium trisilicate used to treat heartburn. The only non-prescription medications addressed by MTUS guidelines is Acetaminophen and Ibuprofen. Gaviscon is not addressed. In this case, the injured worker has been diagnosed with stomach upset/heartburn but is being treated with Prilosec. There is no indication that the Prilosec is not efficacious and it is unclear why this non-prescription medication is being requested, therefore, the request for Gaviscon 1 bottle is determined to not be medically necessary.

Bentyl 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7016973>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicinenet.com/dicyclomine-oral/article.htm>.

Decision rationale: The MTUS guidelines and ODG do not address the use of Bentyl (Dicycloverine); therefore, alternative guidelines were consulted. Per manufacturer's information, Bentyl is used in the treatment of irritable bowel syndrome. In this case, there is no evidence of a diagnosis of irritable bowel syndrome in the injured worker, therefore, the request for Bentyl 20mg #20 is determined to not be medically necessary.