

Case Number:	CM15-0214749		
Date Assigned:	11/04/2015	Date of Injury:	08/03/2007
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 8-3-2007. The injured worker is undergoing treatment for: esophageal reflux. On 9-9-15, he reported unchanged gastroesophageal acid reflux. Physical examination revealed he ambulated with a walker, weighed 279 pounds, abdomen is soft with normoactive bowel sounds. On 10-9-15, a medical legal report indicated on 6-16-15, he was noted to have unchanged gastroesophageal reflux, negative h. pylori testing, was advised to lose weight and discontinue non-steroidal anti-inflammatory drugs (NSAIDs). There is no discussion of symptom improvement with the use of gaviscon. The treatment and diagnostic testing to date has included: medications, QME (2-21-08, 9-15-08), AME (7-13-09), TENS, acupuncture, pool therapy and biofeedback. Medications have included: gaviscon, lisinopril, HCTZ, amlodipine, dexilant, and aspirin. The records indicate he has been utilizing Gaviscon since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Gaviscon one bottle with 2 refills. The UR dated 10-27-2015: modified certification of Gaviscon one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon #1 bottle with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per internet search, Gaviscon is alginic acid, aluminum hydroxide, and magnesium carbonate. Alginic acid is a natural carbohydrate that comes from algae in seaweed (kelp) and is used in many processed foods. It helps this medication create a foam barrier to coat the stomach. Aluminum and magnesium are minerals that occur naturally and are used as antacids. The combination of alginic acid, aluminum hydroxide, and magnesium carbonate is used to treat symptoms of stomach ulcers, gastroesophageal reflux disease (GERD), and other conditions caused by excess stomach acid. This medicine is also used to treat heartburn, upset stomach, sour stomach, or acid indigestion. In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H₂-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per the medical records, it was noted that the injured worker continued to suffer from GI complaints while taking omeprazole. The use of an antacid in addition to a PPI is supported. However, the requested 3 month supply is not medically necessary or appropriate. Medical necessity cannot be affirmed.