

Case Number:	CM15-0036644		
Date Assigned:	03/20/2015	Date of Injury:	09/24/2009
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 60-year-old male, who sustained an industrial injury on 09/24/2009. According to an agreed medical examination on 03/07/2013, the IW fell and had injuries to the ribs, shoulders and neck. He was treated for the orthopedic injuries, but experienced anxiety and depression related to sequalae of his orthopedic issues. He is now diagnosed as having abdominal pain, irritable bowel syndrome, sleep disorder, internal and external hemorrhoids, and gastric intestinal metaplasia. Treatment to date has included orthopedic surgeries, psychiatric counseling, medications, and he currently complains of mild acid reflux unchanged with medications, bloating, irritable bowel syndrome, difficulty sleeping, occasional diarrhea secondary to stress, and phlegm on the throat. Under review are requests for 1 prescription of Dexilant 30mg #30, 1 prescription of Gaviscon 1 bottle, 1 prescription of Amitiza 8mcg #60, 1 sleep study, and 1 cardio respiratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dexilant 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no indication of any significant medical history that might have set him apart as having elevated risk for gastrointestinal events to warrant ongoing Dexilant, which has significant side effects associated with chronic use. Also, there was insufficient documented evidence of relief of the worker's symptoms to suggest this medication was helping in any significant way. Therefore, the Dexilant will be considered medically unnecessary.

1 prescription of Gaviscon 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD) Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: aluminum/magnesium (<http://reference.medscape.com/drug/gaviscon-extra-strength-tablets-gaviscon-extra-strength-liquid-aluminum-hydroxide-magnesium-carbonate-999661>).

Decision rationale: The MTUS Guidelines do not reference Gaviscon. Gaviscon is formulated and indicated for temporary relief of heartburn from stomach acid reflux. In the case of this worker, it was given to him for the purpose of helping with stomach discomfort from "stress", reportedly. However, there was no evidence found in the documentation provided reporting relief from the regular use of this medication. Also, the request did not include recommended usage (dosage, frequency, etc.). Therefore, the Gaviscon will be considered medically unnecessary.