

Case Number:	CM14-0091446		
Date Assigned:	07/25/2014	Date of Injury:	01/14/2013
Decision Date:	06/08/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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: Hawaii, California, Iowa

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 (IW) is a 36-year-old male who sustained an industrial injury on 01/14/2013. He reported low back pain and gastrointestinal complaints. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, posterior annular tear at L4-L5 per MRI scan, coccydynia, and right knee internal derangement, gastropathy secondary to non-steroidal anti-inflammatory medication taken to relieve his orthopedic condition, irritable bowel syndrome, and an orthopedic condition. Recent treatment included medication management, epidural steroid injections, home recommendations and aquatic therapy. Treatment to date has included diagnostic MRI and medications. Currently, the injured worker complains of gastrointestinal burning and nausea without vomiting. His physical findings include mid epigastric tenderness without rebound or rigidity, and a cardiovascular exam that is within normal limits. Bowel sounds are unremarkable. The treatment plan includes requesting an endoscopy, discontinuing the non-steroidal anti-inflammatory drug, and prescribing Gaviscon 1 by mouth every 8 hours as needed. A special diet is advised, but was nonspecific.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation WGO World Gastroenterology Organisation Global Guideline: Irritable bowel syndrome; a global perspective. Muniwh (Germany):World Gastroenterology Organisation (WGO); 2009 Apr 20. 20p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Clinical manifestations and diagnosis of gastroesophageal reflux in adults.

Decision rationale: MTUS is silent with regards to endoscopy, so other guidelines were utilized. Up-to-date states, "The diagnosis of gastroesophageal reflux disease (GERD) can be based upon clinical symptoms alone. In patients presenting with any of the clinical manifestations described above, a presumptive diagnosis of GERD can be made." Symptoms include Heartburn, Regurgitation, and Dysphagia. UptoDate continues with "The indications for upper endoscopy in patients with gastroesophageal reflux disease (GERD) are controversial. Upper endoscopy is not required in the presence of typical GERD symptoms of heartburn or regurgitation. We recommend an upper endoscopy if the diagnosis of GERD is unclear." Per Up-to-date, other indications include: Dysphagia, odynophagia, gastrointestinal bleeding, anemia, weight loss, and recurrent vomiting; Patients with severe erosive esophagitis; Men older than 50 years with chronic GERD symptoms (symptoms for more than five years) and additional risk factors for Barrett's esophagus and esophageal adenocarcinoma (nocturnal reflux symptoms, hiatal hernia, elevated body mass index, tobacco use, and intra-abdominal distribution of fat); Patients with typical GERD symptoms that persist despite a therapeutic trial of four to eight weeks of twice-daily PPI therapy Medical notes indicate symptoms of GERD. The treating physician is requesting endoscopy due to continued GERD symptoms with failed medication. The treating physician writes that omeprazole, protonix, dexilant, and zantac have been tried and failed. No details as to the duration of these trials, when these trials occurred, and changes to the symptoms as a result. The treating physician writes that there was bleeding, but the note was nonspecific and no physical exam or lab findings was included to substantiate this observation. The medical notes do not meet the above indications for upper endoscopy. As such, the request for endoscopy is not medically necessary at this time.

Unknown prescription of Gaviscon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Aluminum hydroxide and magnesium carbonate, Management of gastroesophageal reflux disease in children and adolescents.

Decision rationale: Gaviscon is a branded OTC version of Aluminum hydroxide and magnesium carbonate, which is used for Relief of heartburn, acid indigestion, sour stomach and GI upset. Aluminum hydroxide and magnesium carbonate comes in several different dosages and forms (liquid and chewable). Up-to-date additionally states, "Antacids are appropriate for

short-term relief of heartburn in older children, adolescents, or adults with infrequent symptoms (less than once a week)." The patient appears to have symptoms associated with GERD and some type of treatment may be necessary. The request does not include dosage or quantity information, which is necessary with all pharmacologicals. Additionally, the medical documents do not detail many specifics about the symptoms (frequency). As such, the request for Gaviscon is not medically necessary at this time.