

Case Number:	CM15-0100365		
Date Assigned:	06/02/2015	Date of Injury:	12/11/2001
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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 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 46 year old female, who sustained an industrial injury on 12/11/01. The injured worker has complaints of bilateral wrists, neck, low back and bilateral knee pain. The documentation noted that the shoulder abduction and extension are limited. The injured worker has sacroiliac tenderness and pain in the lower lumbar midline and paraspinous musculature. The diagnoses have included lumbar spine strain; lumbar facet syndrome and right shoulder impingement syndrome and bilateral carpal tunnel syndrome, status post carpal tunnel release. Treatment to date has included carpal tunnel release; injections; tramadol; gabapentin and oral anti-inflammatories. The request was for gaviscon 1 tablespoon, three (3) times per day as needed, #1 bottle with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon 1 tablespoon, three (3) times per day as needed, #1 bottle with 2 refills: 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: Aluminum hydroxide and magnesium

carbonate: Drug information and Medical management of gastroesophageal reflux disease in adults.

Decision rationale: Gaviscon is used in the temporary relief of symptoms associated with gastric acidity. This injured worker has no history of esophageal reflux or gastric acidity which the medication is indicated for. Prior to treating reflux pharmacologically, lifestyle modification is indicated. In this injured worker, the records do not support that other treatment modalities have been trialed prior to medications and hence, do not substantiate the medical necessity for gaviscon.