

<b>Case Number:</b>	CM15-0010848		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Illinois

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 44 year old female who sustained a work related injury when she was exposed and infected with methicillin resistant Staphylococcus aureus (MRSA) on November 1, 2011. The injured worker developed osteomyelitis of the right jaw with chronic pain syndrome and chronic posterior traumatic stress disorder. A jaw bone debridement was done in January 2013. A reported history of thrombocytosis and Bell's palsy to the right side of face was reported along with acid reflux, hypertension and alternating diarrhea and constipation secondary to medications. According to the primary treating physician's progress report on November 11, 2014, the injured worker continues to experience right facial pain, jaw pain, fatigue and headaches along with gastrointestinal problems secondary to medications. Current medications consist of topical creams, Tramadol, Norco, Ativan, Prozac, Florinex, Citrucel, Probiotics, Gabapentin and blood pressure medication. Treatment modalities consist of medication, dietary monitoring, and psychotherapy sessions. The injured worker is on permanent partial disability (PPD). The treating physician requested authorization for Gaviscon 1 Bottle. On December 22, 2014 the Utilization Review denied certification for Gaviscon 1 Bottle. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the Official Disability Guidelines (ODG) and alternative Guidelines.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Proton Pump Inhibitors (PPIs), and WebMD.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The injured worker sustained a work related injury on November 1; 2011. The medical records provided indicate the diagnosis of. Treatments have included topical creams, Motrin, Tramadol, Norco, Ativan, Prozac, Florinex, Citrucel, Probiotics, Gabapentin and blood pressure medication; dietary monitoring, and psychotherapy sessions. The medical records provided for review do not indicate a medical necessity for Gaviscon 1 Bottle. Gaviscon (aluminum/magnesium trisilicate) is an antacid, used in the treatment of heartburn, upset stomach, or indigestion. The MTUS recommends that medication for chronic pain be used as a temporary measure, but the records indicate the injured worker has been using the medication for about a year. The injured worker is reported to be experiencing recurrent constipation and diarrhea, known complications of this medication.