

<b>Case Number:</b>	CM15-0013981		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 an industrial injury on November 1, 2011. She has reported an injury with a resultant staph infection. The diagnoses have included post-traumatic stress disorder, panic disorder without agoraphobia, sleep problems. Treatment to date has included medications, psychotherapy, and surgical debridement of the right mandible for osteomyelitis, radiological imaging, and laboratory evaluations. Currently, the IW complains of sleep disturbances, weakness, malaise, jaw bone pain, and headaches. She has denied abdominal pain. The records indicate she has been prescribed Gaviscon since at least October 2013. Physical findings are noted as a soft abdomen, within normal limits bowel sounds, and abdomen is noted to be non-tender, and non-distended. The records indicate a diagnosis of acid reflux. The provider indicates the acid reflux is likely to be stress related, and planned to rule out ulcer/anatomical alteration. On December 19, 2014 Utilization Review non-certified Gaviscon one bottle, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com), Clinical manifestations, diagnosis, and treatment of non-acid reflux

**Decision rationale:** MTUS is silent with regards to Gaviscon. Gaviscon is an antacid used for the treatment of dyspepsia and gastric acidity. Uptodate states: A report of 10 patients found that a preparation of sodium alginate and potassium bicarbonate (Gaviscon Advance) given postprandially decreased the number of acid reflux episodes and distal esophageal acid exposure 5 cm above the LES (lower esophageal sphincter). The medical records indicate that the patient is being treated for reflux secondary to stress. There is no documentation of H. Pylori testing, gastric ulcer testing, or failure of first line agents, such as a PPI. The treating physician does not detail extenuating circumstances to warrant usage of the medication over first line agents at this time. As such, the request for Gaviscon one bottle s is not medically necessary.