

<b>Case Number:</b>	CM15-0117939		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 5/13/2011. She reported slipping and falling onto the right side hitting her head and resulted in injury to the head, right shoulder, right elbow, right hip and ribs. Diagnoses include cervical and lumbar strain, depression, headaches and anxiety; status post right shoulder surgery as well as abdominal pain, acid reflux, and history of gastrointestinal bleeding. Treatments to date include activity modification, narcotic, Flexeril, physical therapy, acupuncture treatments, joint injections, epidural steroid injections, trigger point injections, and therapeutic injections to the occipital nerve. Currently, she complained of unchanged bowel patterns and improved abdominal pain and reflux symptoms with medication only. There were no recent episodes of gastrointestinal bleeding. The medical records indicated a history of gastrointestinal issues including abdominal pain, heartburn, reflux, nausea, vomiting, diarrhea and constipation treated with Nexium and Gaviscon. On 5/14/15, the physical examination documented no acute clinical findings. The records further indicated an upper GI series and barium enema results were pending and that the laboratory evaluation and abdominal ultrasound were unremarkable. A Gastrointestinal consultation was pending. The plan of care included a prescription for Gaviscon, one tablespoon three times daily as needed, one (1) bottle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaviscon (unspecified dose and qty):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/gaviscon](http://www.drugs.com/gaviscon).

**Decision rationale:** This 46 year old female has complained of head pain, right shoulder pain, elbow pain, hip pain and low back pain since date of injury 5/13/11. She has been treated with physical therapy and medications. The current request is for Gaviscon. Gaviscon is a medication used to treat sour stomach and heartburn. There is no documentation in the available medical records of medical rationale regarding the necessity of use of this medication or the intended duration of use. On the basis of the above cited medical treatment guideline and the available provider documentation, Gaviscon is not medically necessary in this patient.