

Case Number:	CM15-0122043		
Date Assigned:	07/06/2015	Date of Injury:	03/14/2003
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who sustained an industrial injury on 03/14/2003. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having gastroesophageal reflux disease, secondary to NSAIDS (non-steroidal anti-inflammatory medications, irritable bowel syndrome, obstructive sleep apnea, moderate to severe gastritis, constipation secondary to opiates. The worker is also status-post H. pylori treatment. Treatment to date has included continuous positive airway pressure (CPAP) for sleeping, medications for gastrointestinal complaints, non-steroidal anti-inflammatories (now stopped), and medications for pain. On May 13, 2015, the injured worker complains of worsening bloating and no change with acid reflux, abdominal pain, constipation and diarrhea. His sleep quality has improved with CPAP, and he notices less blood in his stools and less irritable bowel syndrome. Medications include Prilosec, Gaviscon, Citrucel, Lovaza, aspirin (81 mg), and a compounded topical cream for pain. Treatment plans include dietary advice, encouragement of good sleep hygiene with use of his continuous positive airway pressure (CPAP) machine, and continuation of an antacid. A request for authorization is made for the following: Gaviscon suspension, 1 bottle with 2 refills (1 tablespoon 3 times daily as needed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon suspension, 1 bottle with 2 refills (1 tablespoon 3 times daily as needed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 115; and the Merck Manual.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: The patient has diagnosis of GERD and gastritis noted as secondary to NSAIDS; however, all treatment with NSAIDS has been discontinued yet the patient continues to exhibit GI symptoms. There is significant history of H. Pylori treatment. Although specific etiology is unknown, it is caused by bacterial infection via food or water contamination and fecal oral transmission causing inflammation of the stomach resulting in ulcers and gastritis. It is not clear why the patient is prescribed concurrent Prilosec and Gaviscon. The patient does not appear to be prescribed any NSAID and is currently provided Prilosec. Guidelines do not recommend long-term use of NSAID only to be provided over the acute period of few weeks from initial injury not indicated here for this chronic injury of 2003. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Gaviscon namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any acute clinical findings that meet the criteria to indicate continued medical treatment. The Gaviscon suspension, 1 bottle with 2 refills (1 tablespoon 3 times daily as needed) is not medically necessary and appropriate.