

Case Number:	CM15-0161198		
Date Assigned:	10/06/2015	Date of Injury:	08/22/2012
Decision Date:	11/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: California

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 51 year old male, who sustained an industrial injury on 8-22-2012. The records indicated he was treated for a shoulder injury and underwent a rotator cuff repair and subsequently underwent revision of rotator cuff repair on 10-23-14. Treatments to date include activity modification, medication therapy, and physical therapy. On 3-26-15, the injured worker reported abdominal pain, acid reflux, occasional nausea and vomiting, diarrhea alternating with constipation, and weight change. The provider had documented possible gastropathy and irritable bowel syndrome secondary to use of NSAIDs and narcotic and stress. A gastrointestinal consultation and diagnostic testing was ordered and the NSAIDs were discontinued. An abdominal ultrasound was obtained on 4-28-15 for complaints of abdominal pain, and negative for cholecystitis. On 6-23-15, he denied abdominal pain, acid reflux, and constipation. The physical examination documented no abnormal findings. The treating diagnoses included hypertension, diabetes mellitus, abdominal pain, acid reflux, constipation-diarrhea, and sleep disorder. The current medications listed included Nexium, Gaviscon, and Probiotics, prescribed since at least 4-28-15. The provider documented a barium enema upper gastrointestinal series, and gastrointestinal evaluation was all pending. The appeal requested authorization for Gaviscon #1 bottle and Probiotics #60. The Utilization Review dated 7-17-15, denied this request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Gastroenterology - Guidelines for the diagnosis and management of gastroesophageal reflux disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://drugs.com/cdi/gaviscon>.

Decision rationale: Per manufacturer information, Gaviscon is an antacid and non-prescription medication containing aluminum/magnesium trisilicate used to treat heartburn. The only non-prescription medications addressed by MTUS guidelines is Acetaminophen and Ibuprofen. Gaviscon is not addressed. In this case, the injured worker has been diagnosed with stomach upset/heartburn/GERD but is being treated with Nexium. There is no indication that the Nexium is not efficacious and it is unclear why this non-prescription medication is being requested, therefore, the request for Gaviscon 1 bottle is determined to not be medically necessary.

Probiotics, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Clinical Outcomes Management - Gastroesophageal reflux disease: clinical features and management for the primary care physician.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/features/what-are-probiotics>.

Decision rationale: MTUS guidelines and the ODG do not address the use of probiotics, therefore, alternative guidelines were consulted. Per manufacturer's information, Probiotics are live bacteria and yeasts that are naturally found in the body and can also be found in some foods and supplements that may help with irritable bowel syndrome and in some diarrhea. There is a lack of quality information concerning probiotics as a prescription medication; therefore, the request for Probiotics, #60 is determined to not be medically necessary.