

Case Number:	CM15-0042933		
Date Assigned:	03/13/2015	Date of Injury:	08/07/2010
Decision Date:	04/22/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/06/2015

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: Internal 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 46 year old female who sustained an industrial injury on August 7, 2010. There was no mechanism of injury documented. The injured worker was diagnosed with abdominal pain, hypertension, and blurry vision. Other diagnoses were deferred to appropriate specialists or the primary treating physician. According to the secondary treating physician's progress report on January 12, 2015, the injured worker reported no change in blood pressure, unchanged palpitations, and worsening acid reflux symptoms. She also reported improvement in visual disturbance, headaches, nausea and abdominal pain with current medication regimen. She had no complaints of chest pain, shortness of breath but reported abdominal bloating. Abdominal examination demonstrated a soft abdomen with normoactive bowel sounds, no guarding or rebound. There was 1+ pain over the epigastric area. The physician recommended treatment with medications consisting of Dexilant, Gaviscon, Bentyl and baby Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon one tablespoon three times daily on an as needed basis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Del Buono R, Wenzl TG, Ball G, Keady S,

Thomson M. Effect of Gaviscon Infant on gastro-oesophageal reflux in infants assessed by combined intraluminal impedance/pH. Arch Dis Child 2005 May; 90(5):460-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Gastroenterology (ACG) guidelines for the diagnosis and treatment of GERD gastroesophageal reflux disease (2005) <http://s3.gi.org/physicians/guidelines/GERDTreatment.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Gaviscon. The American College of Gastroenterology (ACG) guidelines for the diagnosis and treatment of GERD gastroesophageal reflux disease (2005) indicates that antacids and over-the-counter acid suppressants are options for heartburn. Antacids are useful in the treatment of milder forms of GERD gastroesophageal reflux disease. The treating physician's progress report dated January 12, 2015 documented subjective complaints and review of systems. The patient reported unchanged blood pressure, unchanged palpitations and worsened acid reflux symptoms. The patient reports improved visual disturbance, improved headaches, improved nausea, and improved abdominal pain with medication. Patient has no complains of chest pains and intermittent shortness of breath, but does report worsening bloating. Physical examination was documented. The lungs are clear to auscultation. There are no rales or wheezes appreciated. Cardiovascular demonstrated regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. No murmurs were noted. Abdomen was soft, with normoactive bowel sounds. There is 1+ pain on palpation over the epigastric area. There are no guarding or rebound appreciated. Extremities demonstrated no clubbing, cyanosis, or edema. Diagnoses were abdominal pain, hypertension, and blurry vision. Medications included Hydrochlorothiazide, Lisinopril, Dexilant, Gaviscon, Bentyl, and Aspirin 81 mg daily. The patient was advised to avoid NSAIDs. The American College of Gastroenterology (ACG) guidelines for the diagnosis and treatment of GERD gastroesophageal reflux disease (2005) indicates that antacids and over-the-counter acid suppressants are options for heartburn. Antacids are useful in the treatment of milder forms of GERD gastroesophageal reflux disease. Medical records document acid reflux symptoms, and support the use of the antacid Gaviscon. Therefore, the request for Gaviscon is medically necessary.

Dexilant #30, 60mg daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation FDA Prescribing Information Dexilant (Dexlansoprazole) <http://www.drugs.com/pro/dexilant.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. FDA Prescribing Information indicates that Dexilant is indicated for the treatment of heartburn

associated with symptomatic gastroesophageal reflux disease (GERD). The treating physician's progress report dated January 12, 2015 documented subjective complaints and review of systems. The patient reported unchanged blood pressure, unchanged palpitations and worsened acid reflux symptoms. The patient reports improved visual disturbance, improved headaches, improved nausea, and improved abdominal pain with medication. Patient has no complaints of chest pains and intermittent shortness of breath, but does report worsening bloating. Physical examination was documented. The lungs are clear to auscultation. There are no rales or wheezes appreciated. Cardiovascular demonstrated regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. No murmurs were noted. Abdomen was soft, with normoactive bowel sounds. There is 1+ pain on palpation over the epigastric area. There are no guarding or rebound appreciated. Extremities demonstrated no clubbing, cyanosis, or edema. Diagnoses were abdominal pain, hypertension, and blurry vision. Medications included Hydrochlorothiazide, Lisinopril, Dexilant, Gaviscon, Bentyl, and Aspirin 81 mg daily. The patient was advised to avoid NSAIDs. FDA Prescribing Information indicates that Dexilant is indicated for the treatment of heartburn associated with symptomatic gastroesophageal reflux disease (GERD). Medical records document acid reflux symptoms, and support the use of Dexilant. Therefore, the request for Dexilant is medically necessary.

Bentyl #90, 10mg three times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 FDA Prescribing Information Bentyl (Dicyclomine) <http://www.drugs.com/pro/bentyl.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Bentyl (Dicyclomine). FDA Prescribing Information indicates that Bentyl (Dicyclomine) is indicated for the treatment of patients with functional bowel/irritable bowel syndrome. The treating physician's progress report dated January 12, 2015 documented subjective complaints and review of systems. The patient reported unchanged blood pressure, unchanged palpitations and worsened acid reflux symptoms. The patient reports improved visual disturbance, improved headaches, improved nausea, and improved abdominal pain with medication. Patient has no complaints of chest pains and intermittent shortness of breath, but does report worsening bloating. Physical examination was documented. The lungs are clear to auscultation. There are no rales or wheezes appreciated. Cardiovascular demonstrated regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. No murmurs were noted. Abdomen was soft, with normoactive bowel sounds. There is 1+ pain on palpation over the epigastric area. There are no guarding or rebound appreciated. Extremities demonstrated no clubbing, cyanosis, or edema. Diagnoses were abdominal pain, hypertension, and blurry vision. Medications included Hydrochlorothiazide, Lisinopril, Dexilant, Gaviscon, Bentyl, and Aspirin 81 mg daily. The patient was advised to avoid NSAIDs. FDA Prescribing Information indicates that Bentyl (Dicyclomine) is indicated for the treatment of patients with functional bowel / irritable bowel syndrome. There is no documentation of the diagnosis of functional bowel or irritable bowel

syndrome. Therefore, the use of Bentyl (Dicyclomine) is not supported. Therefore, the request for Bentyl is not medically necessary.

Baby Aspirin (ASA) #30 81mg daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation American Heart Association https://www.heart.org/idc/groups/heart-public/wcm/adv/documents/downloadable/ucm_432593.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The treating physician's progress report dated January 12, 2015 documented subjective complaints and review of systems. The patient reported unchanged blood pressure, unchanged palpitations and worsened acid reflux symptoms. The patient reports improved visual disturbance, improved headaches, improved nausea, and improved abdominal pain with medication. Patient has no complaints of chest pains and intermittent shortness of breath, but does report worsening bloating. Physical examination was documented. The lungs are clear to auscultation. There are no rales or wheezes appreciated. Cardiovascular demonstrated regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. No murmurs were noted. Abdomen was soft, with normoactive bowel sounds. There is 1+ pain on palpation over the epigastric area. There are no guarding or rebound appreciated. Extremities demonstrated no clubbing, cyanosis, or edema. Diagnoses were abdominal pain, hypertension, and blurry vision. Medications included Hydrochlorothiazide, Lisinopril, Dexilant, Gaviscon, Bentyl, and Aspirin 81 mg daily. The patient was advised to avoid NSAIDs. Clinical practice guidelines recommend Aspirin for the prevention cardiovascular disease when the potential benefit outweighs the potential harm due to an increase in gastrointestinal hemorrhage. No history of myocardial infarction or stroke is documented. The patient has gastrointestinal complaints. The use of Aspirin daily is not supported. Therefore, the request for Aspirin 81 mg daily is not medically necessary.