

Case Number:	CM15-0075688		
Date Assigned:	04/27/2015	Date of Injury:	03/14/2003
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old male who sustained an industrial injury on 03/14/2003. Current diagnoses include gastroesophageal reflux disease secondary to NSAID's, irritable bowel syndrome, history of rectal bleeding, obstructive sleep apnea, moderate to severe gastritis, status post H.pylori treatment and constipation secondary to opiates. Previous treatments included medication management. Previous diagnostic studies include urine drug screening and abdominal ultrasound. Report dated 02/25/2015 noted that the injured worker presented for follow up noting improvement in bloating, no change with acid reflux, abdominal pain, constipation and diarrhea, improved sleep quality, less blood in stool and less irritable bowel syndrome. Physical examination was negative for abnormal findings. The treatment plan included ordering laboratory tests, diagnostic studies are pending, refilled medications, advised to discontinue NSAIDS, dietary recommendations, continue with sleep hygiene, and follow up with primary treating physician. Disputed treatments include Gaviscon. The other medications listed are Tramadol and topical analgesic products.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon, quantity 1 bottle with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.gaviscon.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 67-73,74-96.

Decision rationale: The CA MTUS recommend that medications can be utilized for the prevention and treatment of pain medications induced gastrointestinal complications. The records indicate that the patient had significant severe gastrointestinal symptoms associated with the use of NSAIDs and opioid medications. There is documentation of symptomatic relief with utilization of Gaviscon. The criteria for the use of Gaviscon #1 bottle with 2 Refills was met. Therefore, the request is medically necessary.