

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	7/16/2008
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009728

- 1) **MAXIMUS Federal Services, Inc. has determined the request for Nexium 40mg #30 with 5 refills is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) **MAXIMUS Federal Services, Inc. has determined the request for Nexium 40mg #30 with 5 refills is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The client is a 43 year old female presenting with neck pain and right upper extremity pain following a work related injury on 7/16/2008. The client is status post right carpal tunnel release and shoulder decompression. The client imaging were significant for cervical degenerative disc disease and mild carpal tunnel syndrome on EMG/NCV. The enrollee had occipital nerv blocks which did not help relieve the pain. The enrollee relevant medications include Celebrex, and Ultracet. The enrollee was diagnosed with right shoulder impingement status post shoulder decompression, chronic cervical strain, and myofascitis. The client has requested Nexium.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for Nexium 40mg #30 with 5 refills:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Khalili, Hamed et al. Use of Proton Pump Inhibitors and risk of hip fracture in relation to dietary and lifestyle factors: a prospective cohort study British Medical Journal, 2012; 344: e 372.

Rationale for the Decision:

Nexium is not medically necessary due to the risk associated with long-term use. The peer-reviewed medical literature does not support long-term use of this medication. Khalili et al. performed a prospective cohort study to examine the association between chronic use of proton pump inhibitors and the risk of hip fractures. At the end of the study the office found that chronic use of proton pump inhibitors are associated with increased risk of hip fractures particularly among women with a history of smoking. Given the associated risk and lack of evidence of medical benefit for long-term use Nexium is not medically necessary for the employee's chronic medical condition. **The request for Nexium 40mg #30 with 5 refills is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.