

<b>Case Number:</b>	CM13-0038674		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 32 y/o male with history of diaphragmatic hernia from injury sustained 01/05/2011. Patient has diagnoses of, diaphragmatic hernia, epigastric abdominal pain, obesity, and neurotic depression. Documentation shows that patient was stable on medications, including Nexium. There is no documentation that specifies if a prior trial of other PPIs had been attempted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg, #90 for hernia and abdominal pain, retro-active to plan of care date as listed 9/6/2013:** 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) Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs)

**Decision rationale:** CA MTUS guidelines only reference PPIs in relation to risk of NSAID use but is silent on PPIs for other indications. ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a

trial of Prevacid or Prilosec is recommended before a second line therapy such as Nexium. Since there is no documented trial of first line PPIs the medical necessity of Nexium is not established.