

<b>Case Number:</b>	CM13-0038976		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This is a male patient with a date of injury of 10/28/03. A utilization review determination dated 9/17/13 recommends non-certification of Nexium. A progress report dated 8/1/13 identifies subjective complaints including, "He has seen [REDACTED], pain management specialist on 6/26/13, and told to continue the chiropractic treatment, acupuncture and he needs Nexium for sleep. Today, he complains of constant neck pain radiating down right arm to the shoulder along with low back pain and left hip pain." Objective examination findings identify, "foraminal compression to right causes pain in the upper trapezius on the right...tender over iliolumbar angle, posterior thigh/calf on the left." Diagnoses state, "lumbar spine spr/str, r/o discogenic disease of low back with left sciatica; chondromalacia left hip with acetabular labrum tear symptomatic; impingement left shoulder; discogenic disease cervical spine with 3.5 mm right herniated disc at C3-4, C4-5 pressing on right C4 root and 4.5 mm at C5-6 on the right with right upper extremity radiculitis." Treatment plan recommends, "cervical epidural block; continue chiropractic treatment 2 x 6 weeks; I again cautioned him about the disc herniation with manipulation; Renew medications namely Nexium 40 mg for protection of the stomach."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**Decision rationale:** Regarding the request for Nexium, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Nexium is not medically necessary.