

Case Number:	CM13-0055132		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2011
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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/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:

The injured worker is a 55-year-old female who reported an injury on 2/21/11. The mechanism of injury was a slip and fall. The documentation of 9/12/13 stated that the injured worker complained of low back pain that had become worse, as had weakness and numbness in the leg. The diagnoses include mid-back sprain/strain, herniated thoracic disc T8-9, and low back sprain/strain with herniated lumbar disc. The treatment plan included renewing medications of Prilosec, Ambien, Neurontin, Motrin, and discontinue Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the duration the injured worker had been on this medication. There was a lack of documentation to indicate the efficacy of the requested

medication. The request as submitted failed to include the frequency. Given the above, the request for Nexium is not medically necessary.