

Case Number:	CM13-0066757		
Date Assigned:	06/09/2014	Date of Injury:	03/26/2007
Decision Date:	07/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic and Hand Surgery 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:

This is a 57-year-old female with a 3/6/07 date of injury. The patient was given a diagnosis of cervicalgia, shoulder impingement, and back pain. The patient was seen on 11/5/13 with right hip and back pain 6/10. She apparently has a history of GERD, yet a review of symptoms did not note any GI symptoms. No nausea, acid reflux. GERD was noted. Her physical exam was noted to be normal with the exception of cervical and lumbar paraspinal tenderness. The patient is noted to be on Mobic chronically at least for a year as she was noted to be on this medication since May of 2013 in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40 MG, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors (PPI) in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive

esophagitis, or patients utilizing chronic NSAID therapy. The patient has a history of GERD and is controlled on this medication. The rationale given for denial was that the patient had not been on a trial of lansoprazole or omeprazole per guidelines. However, per CA MTUS guidelines there is no specification as to a trial of a specific PPI. This patient has a history of GERD and is noted to be on Mobic since at least May of 2013. PPI is appropriate to prevent symptoms of acid reflux. Given the fact that the patient is on chronic NSAIDS, and has a history of GERD, MTUS supports the use of a PPI. Therefore, the request for Nexium was medically necessary.