

Case Number:	CM14-0002088		
Date Assigned:	01/24/2014	Date of Injury:	05/05/2011
Decision Date:	06/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, wrist, and finger pain reportedly associated with an industrial injury of May 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a shoulder corticosteroid injection; wrist bracing; chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant has also filed a claim for derivative psychological stress and depression apparently associated with traumatic partial amputations of multiple digits. In a Utilization Review Report of December 12, 2013, the claims administrator denied a request for Nexium, stating that there was no report of gastrointestinal complaints or chronic NSAID use on the progress notes in question. The claims administrator stated that it based its denial on progress notes of September 30, 2013 and April 24, 2013, which reportedly made no mention of reflux, dyspepsia, or heartburn. The progress notes in question, however, were not seemingly incorporated into to the Independent Medical Review packet. The applicant's attorney subsequently appealed. A July 19, 2012 chiropractic note was notable for comments that the applicant alleged complaints of shoulder pain, wrist pain, hand pain, digital pain, psychological stress, sleep disturbance, gastritis and reflux secondary to medications taken for chronic pain. The only medication the applicant was using at that time was Tylenol. A subsequent chiropractic note of September 27, 2012 is notable for comments that the applicant was using oral tramadol for pain relief. The applicant did report a variety of pain complaints, including shoulder pain, wrist pain, hand pain, digital pain, psychological stress, depression, anxiety, panic attacks, sleep disturbance, and gastritis and reflux secondary to medications. Amongst the list of diagnoses included medication-induced gastritis, allegedly a compensable consequence of the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40MG #30 DOS: 11-22-13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms, & Cardiovascular.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia. In this case, by analogy, the applicant appears to have issues with tramadol-induced dyspepsia, the applicant was described as reporting issues with reflux, gastritis, and heartburn on progress notes of July and September 2012, referenced above. While it is acknowledged that more recent progress notes of 2013 were not apparently incorporated into the Independent Medical Review (IMR) packet, the information that is on file does seemingly establish the presence of ongoing complaints of reflux, gastritis, dyspepsia, and heartburn for which Nexium is indicated. Therefore, the request is retrospectively certified, on Independent Medical Review.