

Case Number:	CM14-0008854		
Date Assigned:	02/12/2014	Date of Injury:	05/02/2006
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 41 year old male who sustained continuous injury from March 1, 2000 through May 2, 2006. The injured worker is documented as presenting for evaluation for status post right ulnar nerve transposition in 2012. There is no documentation of gastrointestinal (G.I.) complaints, and abdominal examination is not performed, and there is no documentation that non steroidal anti-inflammatory medications (NSAIDs) are being utilized. The utilization review in question was rendered on December 24, 2013. The reviewer noncertified the request for Nexium. The reviewer indicates there is no documentation of NSAID usage, indication of gastric pathology, or evidence of gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM: 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), Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and G.I. Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The guidelines state that this medication is necessary when the patient is using NSAID medications and is at intermediate risk for gastrointestinal adverse events. There is no documentation of any gastrointestinal (G.I.) complaints or evidence that the injured is currently utilizing non steroidal anti-inflammatory medications (NSAIDs). As such, the request is considered not medically necessary.