

Case Number:	CM14-0009749		
Date Assigned:	02/21/2014	Date of Injury:	03/12/2001
Decision Date:	07/22/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female with a 3/21/01 date of injury. While she was at the storeroom at work, she was handling pipe risers when she experienced a popping and tearing sensation in her right knee. In a progress note dated 1/23/14, the patient presented with pain that affects her cervical spine, lumbar spine, right shoulders, and bilateral knees. She also complained of cervical spine pain radiating into the left upper extremity and lumbar spine pain radiating into right lower extremity. She reports improvement in her pain level from 9/10 to 7/10 after taking medications. Physical exam findings include heartburn, nausea, and constipation, muscle pain, joint pain, stiffness, back pain, and swelling of joints. Diagnostic impression: severe multilevel degenerative disc disease and disc herniation, intractable axial back pain, right L4, L5, and S1 radiculopathy and sciatica. Treatment to date: medication management, activity modification. A UR decision dated 1/17/14 denied the request for Nexium. Guidelines support the use of this class of medications for patients who are taking NSAIDS that are at increased risk of GI side effects. There is no mention in the reports that this patient is taking any NSAIDS. There is mention of stomach pain, but no mention of any specifics. There are no diagnoses of upper gastrointestinal illnesses.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM (ESOMEPRAZOLE 40 MG) #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: The CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no documentation in the reports reviewed indicating that the patient is currently taking an NSAID or is experiencing gastric irritation from utilizing chronic NSAID therapy. There is also no mention in the provided reports documenting a diagnosis involving gastrointestinal illness. Therefore, the request for Nexium (Esomeprazole 40 mg) #60 with one refill was not medically necessary.