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| Case Number: | CM14-0102086 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/02/2007 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Internal 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 insured is a 51 year old woman with an industrial injury on 7/02/2007. She has subsequently been seen and treated by many physicians, all of those records are not available. Her main problem is low back pain with symptoms of radiculopathy of the left lower extremity with evidence of motor weakness and sensory diminution. Additional diagnoses include Parkinson's disease, fibromyalgia and obesity. She underwent a lumbar spine surgery with fusion on 3/8/2014 but this was complicated by infection which required incision and drainage in April 2014, along with long term parenteral antimicrobial therapy. She is on numerous medications including omeprazole 20 mg orally daily. There is no mention in the records about whether she has gastroesophageal reflux disease or history of peptic ulcer. There is no documentation of dyspepsia in general.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (chronic), Proton Pump Inhibitors

Decision rationale: No rationale is provided in the available records for the use of a proton pump inhibitor (PPI). Even if the patient does have gastrointestinal symptoms that are insufficiently documented and would require a PPI for therapy, it is not appropriate to use a brand name product when generic and over the counter products have similar efficacy at significant cost savings. Please see applicable guidelines that are cited. Therefore, the request is not recommended.