

<b>Case Number:</b>	CM14-0012480		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/20/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 patient is a 57-year-old male who has submitted a claim for cumulative trauma associated with an industrial injury date of 11/20/2005. Medical records from 03/22/2013 to 12/30/2013 were reviewed and showed that patient complained of constant, deep, intermittent, dull ache graded 3-9/10 to the lower back pain radiating into the lower extremities and groin. Neck and upper back pain were also noted. The pain would be aggravated with prolonged sitting, standing, and walking. Physical examination revealed a normal gait and absence of paralumbar tenderness. Deep tendon reflexes were 1+ on both sides. Motor strength of all extremities and sensation to light touch were intact. SLR test was negative. X-ray of cervical spine 12/12/2013 revealed prior anterior fusion at C5-C7 with a ventral plate. A single left-sided screw is present at C6. The plate is unchanged in position. Prior right-sided laminoplasty at C3, C4, and C5 were noted. Intervertebral narrowing at C4-C5 level was noted. Treatment to date has included lumbar spine decompression at L2-L3 and interbody disc prostheses at L3-4, L4-5 (10/13/2003), cervical discectomy at C5-6 and C6-7(03/29/2006), partial C2 laminectomy with C3-5 laminoplasty (02/27/2013), partial laminotomies at L3-4 and L4-5 with bilateral pedicle screws from L3 through 5(10/05/2011), physical therapy, Pristiq 50mg tablets QD, Aspirin 81 mg BID, hydrocodone 10/325mg, and Nexium 40mg BID started June 24,2013. Utilization review, dated 01/27/2014, did not grant the request for Nexium 40mg 360 with 5 refills because the dose of Aspirin (81mg BID) in this case did not require prophylactic proton pump inhibitor and there was no reason for ongoing use of Nexium in the based absent evidence of aforementioned conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEXUM 40 MG #60 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular risk Page(s): 68.

**Decision rationale:** On page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been taking Nexium since June 24, 2013. However, the patient does not fit in the criteria of intermediate or high-risk individuals for gastrointestinal events. Recent progress notes did not indicate any complaints of GI upset. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Nexium DR 40mg #60 with 5 refills is not medically necessary.