

Case Number:	CM14-0013266		
Date Assigned:	02/26/2014	Date of Injury:	07/02/1997
Decision Date:	08/12/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 65-year-old male with a 7/21/97 date of injury. The mechanism of injury was described while moving a pallet, twisted his back. A 6/26/13 progress report describes that the doctor has been taking care of the patient for two years. Surgery was in 2009 3 levels. The patient is on no narcotics and maintains his pain on Celebrex, Gabapentin, and Wellbutrin secondary to depression associated with long-term pain. The patient was prescribed Nexium 40mg for irritation caused by Celebrex. A 2/21/12 progress report describes Celebrex bothers his stomach, hence the need for Nexium. A review of systems however denies indigestion, nausea vomiting or stool issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NEXIUM 40MG #60 NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: The prior adverse determination was reviewed stating no current documentation with examination findings or functionality. It is noted that the patient has in 1997 date of injury and that the patient is on Celebrex. Generally, Celebrex has a lower gastrointestinal side effect profile and is prescribed for those patients at risk for gastritis. Nevertheless, it is stated that the medication irritates his stomach and Nexium (proton pump inhibitor) has been prescribed. The ODG states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The etiology of the claimant's stomach complaints has not been established and there is only a supposition on the part of the treating physician that the complaints are as a result of Celebrex use. Since the etiology has not been established, neither can the causal relationship be established. Furthermore, the guidelines go on to state that a trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. First-line attempts have not been documented.