

Case Number:	CM14-0015417		
Date Assigned:	02/28/2014	Date of Injury:	03/26/2008
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Texas. 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 56 year old female injured on 03/26/08 when she slipped on a wet floor resulting in an injury to her left knee, low back, upper back, and head. Current diagnoses include sprain/strain of the left knee with internal derangement, status post arthroscopic surgery of the left knee, lumbosacral spine musculoligamentous strain, clinical evidence of left lumbar radiculopathy, and multi-level lumbar disc pathology. The injured worker has undergone orthopedic surgery to the left knee in October of 2008 with continued pain. The documentation indicates the injured worker continues to experience upper back, lower back, neck, and left knee pain. The documentation indicates the injured worker continues to use NSAIDs, muscle relaxants, and opioid analgesics resulting in gastrointestinal problems evidenced by complaints of nausea, burning, retrosternal chest pain, and belching of an acidic material into the back of the throat. The clinical documentation dated 01/07/14 indicates the injured worker presented with evaluation and needs for medication refill. Objective findings revealed clear chest on auscultation, abdomen soft on palpation, blood pressure 130/80, pulse 80. The plan of care includes refill of Vicodin, Librax, Gabapentin, and Nexium for a diagnosis of gastritis. The initial request for a prescription of Librax twice a day for nervous stomach #60 and prescription of Nexium 40mg #30 was initially non-certified on 01/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIBRAX TWICE A DAY FOR NERVOUS STOMACH, #60:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/librax-drug/indications-dosage.htm>

Decision rationale: Based on a review of this drug by the National Academy of Sciences -- National Research Council and/or other information, FDA has classified the indications as follows: "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. The final classification of the less-than-effective indications requires further investigation. Without documentation of failure of first and second-line treatment options, the request for prescription of Librax twice a day for nervous stomach, #60 cannot be recommended as medically necessary.

PRESCRIPTION OF NEXIUM 40MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The documentation indicates the patient has a long-standing history of gastritis with documented symptoms. As such, the request for prescription of Nexium 40MG, #30 is recommended as medically necessary.