

Case Number:	CM14-0015856		
Date Assigned:	03/05/2014	Date of Injury:	02/27/1995
Decision Date:	06/02/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 52 year old male with a date of injury of 2/27/95. The treating physician report dated 1/3/14 indicates that the patient presents with pain affecting the lumbar spine. The current diagnoses are lumbar degenerative disc disease at L2-3 with retrolisthesis status post L3-S1 fusion, and status post cumulative trauma with future medical care for his low back and psyche.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NEXIUM 40MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The treating physician and the pain management physician have both documented that the patient suffers with gastrointestinal problems secondary to long term medication usage. The patient has recently been authorized for a gastroenterology consultation. Current medications include Nexium, Dexilant, Clonazepam, Alprazolam, Celebrex, Cialis, Abilify, Carisoprodol, Topiramate, Tamsulosin, Pristiq, Oxycodone, and Fentanyl. The MTUS

supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. The Official Disability Guidelines also states that PPIs are recommended for patients at risk for gastrointestinal events. The primary treating physician has documented that the patient suffers from gastrointestinal pain following usage of NSAIDS. As such, the request is medically necessary.

30 PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The treating physician and the pain management physician have both documented that the patient suffers with gastrointestinal problems secondary to long term medication usage. The patient has recently been authorized for a gastroenterology consultation. Current medications include Nexium, Dexilant, Clonazepam, Alprazolam, Celebrex, Cialis, Abilify, Carisoprodol, Topiramate, Tamsulosin, Pristiq, Oxycodone, and Fentanyl. The MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. The Official Disability Guidelines also states that PPIs are recommended for patients at risk for gastrointestinal events. The primary treating physician has documented that the patient is currently taking Nexium. There is no documentation stating that the Nexium is being discontinued and that Prilosec is being substituted. There is no documentation to substantiate the usage of two different proton pump inhibitors for the treatment of the patient's gastrointestinal pain. As such, the request is not medically necessary.