

Case Number:	CM14-0016391		
Date Assigned:	04/11/2014	Date of Injury:	09/16/2002
Decision Date:	06/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Geriatrics and is licensed to practice in New York. 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 57-year-old woman with a date of injury of 9/16/02. She was seen by her primary treating physician on 1/24/14 with complaints of abdominal pain in her epigastrium and on and off diarrhea. Her physician was concerned with colitis which may have been worsened by medications including non-steroidal anti-inflammatory drugs (NSAIDs). She had a colonoscopy and endoscopy done in August 2013, which showed mild antral gastritis and diverticulosis. An abdominal wall hernia was also recently diagnosed. Her diagnoses were abdominal tenderness, carpal tunnel syndrome, enthesopathy, and pain-shoulder. Her medications were Tramadol, lyrica, duloxetine, and dexilant. There was a request to add nexium for "gastritis and colitis probably secondary to use of NSAIDs." At issue in this review are the prescriptions for dexilant and nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADD NEXIUM 40MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and Food and Drug Administration (FDA), Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker's medical course has included the use of several medications including non-steroidal anti-inflammatory drugs (NSAIDs), which are now discontinued. An esophagogastroduodenoscopy (EGD) on 8/13 showed mild antral gastritis. Nexium is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per MTUS guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of nexium. Additionally, she is taking dexilant already and has complaints of diarrhea which can be a side effect of proton pump inhibitors. As such, the request is not certified.

DEXILANT CAP 60 DR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation , Official Disability Guidelines (ODG), Pain Chapter, and Food and Drug Administration (FDA), Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker's medical course has included the use of several medications including non-steroidal anti-inflammatory drugs (NSAIDs), which are now discontinued. An esophagogastroduodenoscopy (EGD) on 8/13 showed mild antral gastritis. Nexium is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per MTUS guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of dexilant. Additionally, she has complaints of diarrhea which can be a side effect of proton pump inhibitors. As such, the request is not certified.