

<b>Case Number:</b>	CM14-0017205		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/22/1994
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & 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 60-year-old male with date of injury of 08/22/1994. The listed diagnoses per [REDACTED] dated 01/20/2014 are: 1. Chronic pain syndrome. 2. Pain in joint, left leg, right heel/foot. 3. Localized osteoarthritis not specified whether primary or secondary, lower leg. 4. Lumbosacral spondylosis without myelopathy 5. Headache. 6. Disorders of the sacrum. 7. Degeneration of the lumbar or lumbosacral intervertebral disk. 8. Depressive disorder. 9. Degeneration of cervical intervertebral disk. 10. Chronic migraine without aura, without mention of intractable migraine. 11. Esophageal reflux. 12. Status post right radiofrequency L3, L4, L5, 02/20/2013. 13. Status post radiofrequency lesioning left L3, L4, L5, 2012 14. Radiofrequency lesioning at left L3, L4, L5, 2012. 15. Status post medial branch blocks at left L3, L4, L5, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR NEXIUM 40MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE AMERICAN COLLEGE OF GASTROENTEROLOGY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 69.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with GERD. The treater is requesting a refill for Nexium. The MTUS Guidelines page 58 and 59 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events; (1) age is greater than 65 years; (2) history of peptic ulcer or GI bleed or perforation; (3) concurrent use of ASA or corticosteroids and/or anticoagulant; (4) high dose multiple NSAIDs. The reports from 08/20/2013 to 03/18/2014 show that the patient has been taking Nexium since 08/20/2013. In this case, the patient has a history of gastrointestinal issues that would warrant the use of Nexium in conjunction with his current pain medications. Recommendation is for authorization. The request for Nexium 40mg #60 is medically necessary.