

<b>Case Number:</b>	CM14-0018281		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology 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 an employee of [REDACTED] who filed a claim of chronic neck, back and left knee pain associated with industrial injury date of 3/3/2011. Treatment to date includes an MRI of right shoulder which revealed a rotator cuff injury to the supraspinatus, bursitis and AC arthritis done on 05/09/2011, an MRI of the right knee compatible with meniscal capsular tear and patellar chondromalacia done on 02/24/12, an EMG compatible with right sided C5-C6 radiculopathy and left L5-S1 radiculopathy done on 03/04/2012, arthroscopic right shoulder decompression done on 07/16/12, and an epidural injection in the cervical spine done on 07/14/2013. Medications include Cyclobenzaprine 7.5 mg/tab, Mentherm Gel, Norco 10/325 tablet and Nexium prescribed since 2013. Medical records from 2011-2014 were reviewed which revealed increased neck and shoulder pain, mid back and low back pain aggravated by lifting >15lbs, and sitting >60 minutes. There's persistent knee and wrist pain. Physical examination showed decreased cervical and lumbar range of motion, paravertebral muscle tenderness, positive sitting straight leg raise on the right at 90 degrees and left at 45 degrees and decreased light touch sensation at L5-S1 dermatome on the left. Apley's scratch test, apprehension test and Spurling tests were positive. A utilization review from February 6, 2014 denied the request of Nexium DR 40 mg was denied because patient did not meet any risk factors that would recommend a proton pump inhibitor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NEXIUM DR 40MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

**Decision rationale:** As stated on page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been taking Nexium since 2013. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor where there any complaints of GI upset. PPI intake should be limited to the recognized indications. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Nexium DR 40mg is not medically necessary and appropriate.