

Case Number:	CM14-0111763		
Date Assigned:	08/01/2014	Date of Injury:	02/10/1999
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 02/10/1999. The mechanism of injury was not provided. On 05/28/2014, the injured worker presented with neck and back pain. The current medications included Norco and Nexium. Upon examination over the cervical spine there was mild tenderness of the C3-T1. Upon examination of the lumbar spine there was a mildly tender sacral area and a positive bilateral straight leg raise. There was a positive Patrick's sign bilaterally. There was dysesthesia noted in the lateral left leg from the hip to lateral foot and hypoesthesia of all toes of the left foot. The diagnoses were cervical degenerative disease C5-6, C6-7 and C7-T1 with mild loss of normal lordotic curve, mild disc bulging from L5-S1, mild cervical degenerative changes in C5-7 and lumbar disruption pars interarticularis L5 on the right with degenerative disc disease at L5-S1 with mild diffuse degenerative change. The provider recommended Nexium 20 mg with a rationale of prevention of dyspepsia. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20 mg. twice per day, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<http://www.acoempracguides.org/> Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic

Spine DisordersACOEM- <http://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders Goodman and Gilman's, The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Nexium 20 mg, twice per day with a quantity of 60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The provider's rationale was not provided. Additionally, the injured worker's current medication regimen does not include NSAID medications. The injured worker does not have a diagnosis congruent with the guideline recommendation for a proton pump inhibitor. As such, the request is not medically necessary.