

Case Number:	CM14-0112567		
Date Assigned:	08/01/2014	Date of Injury:	06/11/2009
Decision Date:	11/13/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 60 year old female who was injured on 6/11/2009. The diagnoses are low back pain, lumbar radiculopathy and sacroilitis. The 2009 MRI of the lumbar spine showed degenerative disc disease, disc bulges and facet arthropathy. The patient reported a 50% reduction in pain, improved sleep, improved physical function and decreased medications utilization following a 5/30/2014 lumbar radiofrequency ablation. On 6/17/2014, there was subjective complaint of 4/10 pain score on a score of 0 to 10 scale. The objective findings are decreased sensation along the L5 and S1 dermatomes. The UDS was noted to be consistent. The patient was noted to be drinking 5 units per week. The medications are Tramadol, Gabapentin and Voltaren gel for pain, Flexeril for muscle spasm and Nexium for the prevention of NSAIDs related gastritis. A Utilization Review determination was rendered on 7/7/2014 recommending non certification for Nexium 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR 40 mg Capsules #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/nexium.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastritis in patient with a history of gastrointestinal disease. The records do not indicate that the patient has a history of gastrointestinal disease. The patient is not utilizing oral NSAIDs medications. The patient has a history of significant alcohol use which may be contributing to the gastrointestinal symptomatology. The criteria for the use of Nexium 40mg DR #30 was not met.