

Case Number:	CM14-0134254		
Date Assigned:	08/25/2014	Date of Injury:	01/28/2009
Decision Date:	09/26/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 64 year old male who reported an injury on 01/28/2009. The mechanism of injury was a fall from a ladder. His diagnoses included gastritis and gastroesophageal reflux disease, low back and shoulder pain, sleep disorder, and cholelithiasis. His surgeries included right shoulder rotator cuff on 06/25/2009 and left shoulder surgery on 05/11/2010. On 11/07/2012 the injured worker complained that he continued to have reflux related to the medications and continued with stomach discomfort despite discontinuing Celebrex. His progress note from 01/03/2013 showed he had dyspepsia related to reflux which was worsened by his medications at the time. The note from 05/01/2013 showed that he injured his neck, back, and his shoulders. Physical findings included tenderness to palpation in the epigastric area. His medications at the time included Tramadol, Flexeril, and Omeprazole. It was noted he was going to have an upper gastrointestinal endoscopy done in May 2013. He had a large amount of record dates to include diagnostics and physical therapy. The treatment plan was for Nexium 40mg #30. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg #30: 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 NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Based on the clinical information submitted for review, the request for Nexium 40mg #30 is not medically necessary. As stated in California MTUS Guidelines, it should be determined if the injured worker is at risk of gastrointestinal events. Risk factors include >65 years old; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroid, or an anticoagulant; or high dose/multiple NSAID. Recent studies show that H.Pylori does not act synergistically with NSAIDs to develop gastro duodenal lesions. The injured worker reportedly fell from a ladder injuring his back and shoulders. He was treated with NSAIDs to include Ibuprofen and Celebrex. He stopped taking these medications because he was complaining of reflux. He was scheduled to have an upper gastrointestinal endoscopy done in May 2013. There were no results noted of the study. Although the injured worker was on a long term treatment of NSAIDS which caused him to have reflux, there is not enough documentation noting objective findings. Furthermore, based on the clinical documentation submitted, it is not noted that he is currently taking an NSAID, aspirin, or a corticosteroid which does not put the injured worker at risk for gastrointestinal events. As such, the request for Nexium 40mg #30 is not medically necessary.