

Case Number:	CM14-0156066		
Date Assigned:	09/25/2014	Date of Injury:	01/21/2003
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Management, 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:

This is a patient with a date of injury of 1/21/03. A utilization review determination dated 9/12/14 recommends non-certification of Nexium. 9/29/14 medical report identifies chronic lumbar spine and right knee pain. On exam, there is limited ROM, tenderness, positive facet loading, and 2+ right knee joint effusion. The provider notes that the patient has GERD symptomatology and has tried OTC medications including Pepcid, Zantac, and omeprazole. He also tried a lower dose of Nexium once a day, but continued with symptoms. The increase in dose and twice a day dosing controls his reflux. He also takes Celebrex due to GI effects with chronic usage, and he chooses NSAIDs over chronic high-dose opioids for his severe knee OA.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40MG, QUANTITY: 60, REFILLS: 2.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Regarding the request for Nexium, the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or

for patients at risk for gastrointestinal events with NSAID use. Additionally, the Official Disability Guidelines recommend Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is documentation that the patient has GERD symptomatology and has tried OTC medications including Pepcid, Zantac, and omeprazole. He also tried a lower dose of Nexium once a day, but continued with symptoms. The increase in dose and twice a day dosing controls his reflux. He also takes Celebrex due to GI effects with chronic usage, and he chooses NSAIDs over chronic high-dose opioids for his severe knee OA. In light of the above, the currently requested Nexium is medically necessary.