

Case Number:	CM14-0158688		
Date Assigned:	10/02/2014	Date of Injury:	08/04/2000
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 8/4/2000. A utilization review determination dated 8/27/14 recommended modification of the requested Nexium 40mg stating that although the patient reported Nexium worked very well for gastric complaints related to pain medication and the claimant does have history of gastric ulcers the reviewer suggested a 30 day trial. The report stated that medical necessity had been established and a 30 day modification was approved. A progress report dated 8/19/14 indicated the patient complained of moderate constant pain. Her symptoms are chronic and fairly controlled with medication and no side effects. She reports her insurer denied her voltaren gel and that she benefits greatly from the use of this product. The patient reports she has previously been prescribed nexium which worked well for her gastric complaints related to her medication and also reports she has had a previous gastric ulcer. The patients insurer substituted omeprazole for nexium and the patient does not feel the omeprazole improves symptoms as well as nexium. Objective findings indicate the patient has pain to the left sacroliliac joint and tenderness to the paraspinous muscles and left buttocks. Diagnoses include lumbosacral spondylosis, radiculitis/ radiculopathy lumbar/thoracic chronic. Plan indicates that her chronic pain medication is refilled, states she would benefit from better pain control with the use of Voltaren gel and states she reports more effective symptom relief with the use of Nexium as opposed to Omeprazole. Medications listed are Voltaren 1% gel, Norco 10/325mg, Nexium 40mg, Lunesta 2 mg and Ambien CR 12.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Nexium 40mg: Overturned

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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Nexium, 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, ODG recommends 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 complaints of GI upset secondary to NSAID use and has a history of a gastrointestinal ulcer. Furthermore she has tried Omeprazole (a first line agent) without significant symptomatic relief and indicates symptoms were better when taking Nexium. As such the request for Nexium is medically necessary.