

<b>Case Number:</b>	CM14-0024757		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/18/1995
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Interventional Spine 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 patient is a 44 year old with an injury date on 9/18/95. Based on the 1/22/14 progress report provided by [REDACTED] the diagnoses are for a s/p lumbar fusion l3-4 and 14-5.2, s/p revision posterior lateral fusion L3-S1 with revision, decompression l5-s1 with iliac crest bone graft and instrumentation, May 2009. S/P L3 to S1 removal of posterior hardware and non-instrumented posterolateral fusion on 6/7/11. Exam on 1/22/14 showed an "antalgic gait. Difficulty walking, changing position, getting onto exam table. Tenderness to palpation in L-spine paraspinous regions. Motion restricted (Extension: 10/90. Flexion: 40/90) and painful. Guarding with motion. Muscle spasm present. A straight leg raise positive bilaterally in sitting/supine position." [REDACTED] is requesting Nexium 40mg 1 PO for 1 month supply Nexium 40-mg 1 PO. The utilization review determination being challenged is dated 2/17/14 and rejects request due to lack of clarity about which medications are causing GI upset, and ris/benefit factors to support ongoing use of Nexium. Haider Spine Center Medical Group is the requesting provider, and he provided treatment reports from 3/13/13 to 1/22/14 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEXIUM 40MG 1 PO FOR 1 MONTH SUPPLY NEXIUM 40MG 1 PO:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with severe back pain, radicular leg pain and is s/p lumbar fusion L3-4 and L4-5 and posterolateral fusion L3 to S1 in 2009. The treater has asked Nexium 40mg 1 PO for 1 month supply Nexium 40-mg 1 PO on 1/22/14 "for GERD related to medications." Patient has been taking Nexium as early as 9/9/13 report. The 1/22/14 report shows patient is taking Norco, Flexeril, Amitiza, Valium, and Nexium. A 12/30/13 report states patient is tolerating medications and should continue with Nexium to avoid pill induced gastric ulcers. Prior to taking Nexium, patient has taken Prilosec which was not effective per 12/30/13 report. Patient is unable to tolerate oral NSAIDs but Flector patch eliminates gastric irritation while providing relief per 12/30/13 report. Patient has no history of cardiovascular illness. Regarding PPIs, ODG recommends for patients at risk for gastrointestinal events. The MTUS does not recommend routine prophylactic use of PPIs along with NSAID, and GI risk assessment must be provided. In this case, patient has been taking Nexium for 5 months with marked improvement in GI symptoms. A short-term course of Nexium is indicated per ODG guidelines. Recommendation is for authorization.