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| <b>Case Number:</b>   | CM14-0035438 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 06/18/1991 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/21/2014 |

### 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 and is licensed to practice in Nevada. 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 70 year-old gentleman was reportedly injured on June 18, 1991. The mechanism of injury is noted as a lifting event. The most recent progress note, dated January 13, 2014, indicates that there are ongoing complaints of chronic back pain. The physical examination demonstrated a 6'2", 132 pound individual, who is normotensive. There was tenderness to palpation of the lumbar spine. No other findings are reported. Diagnostic imaging studies are not presented for review. Previous treatment includes multiple medications. A request had been made for the medication Nexium and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This medication is a protonpump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. However, there are no nonsteroidals being taken or complaints of gastrointestinal reflux disease. Therefore, based on the progress notes presented for review, there is no medical necessity established for this preparation.