

Case Number:	CM14-0035995		
Date Assigned:	08/13/2014	Date of Injury:	06/15/2012
Decision Date:	10/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Texas. 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:

On 2/7/2014, the patient underwent right shoulder arthroscopy. The medical records indicate the patient was on Naprosyn. He reported increase in reflex symptoms. Discontinuation of Naprosyn was recommended. The 4/29/2014 progress report states the patient has been taking Motrin and Naprosyn. He reports his blood pressure is elevated and he complains of having palpitations, but denies PND or orthopnea. He noticed swelling in the lower extremities. Physical examination documents weight, BP, normal evaluation of the lungs, cardiovascular and abdomen, and he has 2+ ankle edema. The diagnoses are HTN, left ventricular diastolic dysfunction, GERD, sleep apnea, history of premature atrial contraction and orthopedic condition. In regard to the GERD, he is instructed to stop Naprosyn and Motrin, and he will continue Nexium 40mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Nexium (esomeprazole magnesium)

Decision rationale: The California MTUS guidelines state a PPI medication such as omeprazole may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Furthermore, when a PPI is indicated, a trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. Furthermore, the patient has been recommended to discontinue Naprosyn and Motrin due to causing complaints of increased reflux. In the absence of NSAID use, there does not appear to be a medical necessity for continuing Nexium, particularly since benefit with Nexium has not been documented either. Consequently, the medical necessity for Nexium has not been established.