

Case Number:	CM14-0042594		
Date Assigned:	06/20/2014	Date of Injury:	02/01/1999
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 51 year old female with a date of injury of 2/1/1999. Medical records indicate the patient is undergoing treatment for lumbar strain, depression, deconditioning secondary to pain, decreased renal function cervical spondylosis, reflux disease and a hiatal hernia. Subjective complaints include severe low back pain radiating to the bilateral extremities as well as severe neck pain radiating to the bilateral upper extremities. She has complaints of severe right extremity pain and total body pain. She complains of gastrointestinal pain. Objective findings include range of motion of lumbar spine that revealed moderate reduction secondary to pain; patient's gait was antalgic and slow and assisted with use of a walker; spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level and range of motion of lumbar spine revealed moderate reduction secondary to pain. Treatment plan included Nexium, B12 injection, Wellbutrin XL, Nucynta, Neurontin, Senokot-S, Senna/Docusate and a home exercise program. The utilization review determination was rendered on 03/05/2014 recommending non-certification of: Nexium 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Official Disability Guidelines (ODG) states "If a PPI is used, omeprazole Definition of Ornithine transcarbamylase (OTC) tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) ". The medical documents provided establish the patient has reflux diseases but the treating physician has provided no documentation of a failed trial of omeprazole or lansoprazole prior to starting Nexium therapy. As such, the request for Nexium 20MG #60 is not medically necessary.