

<b>Case Number:</b>	CM14-0054953		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/10/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 records presented for review indicate that this 53 year old male was reportedly injured on May 10, 2001. The mechanism of injury is undisclosed. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of fatigue, depression, and urinary incontinence. There was also a complaint of left wrist pain with decreased range of motion and strength. The physical examination demonstrated swelling of the left hand with pain of the flexor tendons. The examination of the right wrist noted limited pronation secondary to pain with swelling and decreased grip strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a multilevel lumbar spine fusion, as well as a C4-C5 fusion. Injured employee also participated in physical therapy. A request was made for Nexium and was not certified in the preauthorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Nexium is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Nexium is not medically necessary.