

Case Number:	CM14-0055531		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2009
Decision Date:	09/23/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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:

The injured worker is a 56 year old female who had a work related injury on 09/04/09. There was no clinical documentation of mechanism of injury. Most recent clinical documentation submitted for review was dated 04/07/14. She presented with chronic right shoulder discomfort. Her flare ups were less frequent, and she felt able to adequately manage her flare ups. However, the injured worker noted that the more intense flare ups were harder to manage. She made an effort to utilize the non-pharmacological tools that she learned from the functional restoration program. Severity of pain present pain score was 9/10 average pain score was 6/10. Muscle spasms of the right shoulder joint. Skin temperature was cold in the affected limbs. Skin color was radish violet in the affected limb. Hypersensitivity to touch in the affected limb. Aggravating factors were lifting, touching affected limb, weather change. Alleviating factors were medication, rest, pool therapy. The injured worker had a past medical history of Gastroesophageal reflux disease/esophageal reflux secondary to medication induced gastrointestinal symptoms. Since she had been on Nexium she had not had any heartburn. Prior utilization review dated 04/15/14 was non-certified. Diagnosis shoulder joint pain. Shoulder hand syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg, Qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI and Cardiovascular disease risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton Pump Inhibitors.

Decision rationale: The clinical documentation submitted for review does support the request. The injured worker has a past medical history of Gastroesophageal reflux disease/esophageal reflux secondary to medication induced gastrointestinal symptoms. As such medical necessity has been established. The request for Nexium 20mg, Qty: 60 is medically necessary.