

Case Number:	CM14-0067940		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2008
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Medicine 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:

The injured worker is a 49-year-old male who reported an injury on 06/20/2008 due to an unspecified mechanism of injury. On 04/18/2014 he reported 6/10 in the lumbar spine and right leg that improved with medications. A physical examination revealed reduced lumbar range of motion with flexion to 55 degrees, lateral bending and rotation to 5 degrees bilaterally, and the injured worker was unable to complete any extension. There was tenderness to palpation noted at the lumbar and cervical paraspinal muscles, right coracoid and infraspinatus attachment, and medial joint line with single limb support. There was right lower extremity weakness and left foot numbness noted. There was decreased sensation at the L3 through S1 on the right, and dL5 through S1 on the left. A positive straight leg raise was also noted on the right. Imaging studies included an x-ray of the lumbar spine performed on 01/22/2013 and an MRI of the lumbar spine performed on 02/05/2013. His medications included Lisinopril, lodipine, Oxycodone, OxyContin, Lyrica, Skelaxin, Nexium and Leboxlorine. The treatment plan was for Nexium 20 mg 1 packet. The Request for Authorization form was signed on 04/22/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 20MG 1 PACKED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65, 67-68, 78, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs-GI risks Page(s): 68.

Decision rationale: The clinical information submitted for review showed that the injured worker was taking Lisinopril, and Lodipine, oxycodone, OxyContin, Lyrica, Skelaxin, Nexium, and Leboxlorine. The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of proton pump inhibitors is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was not noted to be taking an NSAID or have complaints of dyspepsia, cardiovascular disease or have significant risk factors for gastrointestinal events. In the absence of this information, the request is not supported by the evidence based guidelines. Additionally, the requesting physician failed to mention the frequency of the medication within the request. As such, the request for Nexium 20 mg 1 packet is not medically necessary.