

Case Number:	CM14-0068966		
Date Assigned:	07/14/2014	Date of Injury:	05/22/2000
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of May 22, 2000. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; corticosteroid injection therapy; acupuncture; unspecified amounts of chiropractic manipulative therapy; first dorsal compartment release surgery; psychological consultation; muscle relaxant; the apparent imposition of permanent work restrictions through a medical-legal evaluation. On November 18, 2013, the applicant's medical-legal evaluator gave the applicant a 3% whole person impairment rating and seemingly suggested that the applicant had issues with symptom magnification. The applicant was described as quite anxious. The medical-legal evaluator suggested that he did not feel the applicant's allegations of multifocal hand pain secondary to cumulative trauma were plausible. There was no explicit mention of issues with reflux, although it was acknowledged that the applicant was a one and half pack per day smoker. In a Utilization Review Report dated March 5, 2014, the claims administrator denied a request for Nexium. The applicant's attorney subsequently appealed. It does not appear, it is incidentally noted, the progress notes of March 2013, April 2013, and July 2013 which the claims administrator had access to be incorporated into Independent Medical Review Packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVIEW OF NEXIUM 40MG, #60/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, topic. Page(s): 69.

Decision rationale: While page 69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as Nexium to combat issues with non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, however, the information on file does not establish any ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, which would support provision of Nexium. Therefore, the request is not medically necessary.