

<b>Case Number:</b>	CM14-0073647		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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], [REDACTED] employee who has filed a claim for chronic ankle pain, knee pain, knee arthritis, low back pain, depression, sleep disturbance, and anxiety reportedly associated with an industrial injury of August 22, 2004. Thus far, the applicant has been treated with analgesic medications; attorney representations; opioid therapy; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 29, 2014, the claims administrator apparently denied a request for Zofran and Nexium. On May 29, 2014, the applicant presented with multifocal knee, low back, and ankle pain with derivative complaints of anxiety, depression, and sleep disturbance. Work restrictions were endorsed; however, the applicant was apparently not working, it was suggested. Viscosupplementation injections for the knee were sought. The applicant was given refills of Norco, Zofran, and Motrin. The applicant's complete medication list was not, however, furnished. There was no mention of any issues with reflux, heartburn, or dyspepsia. In a medical-legal evaluation of October 17, 2012, it was seemingly suggested that the applicant had developed a variety of gastrointestinal issues, including nausea, vomiting, anorexia, weight loss of 25 pounds, diarrhea, constipation, and heartburn. It was postulated that these could be the result of ongoing medication consumption. On December 17, 2013, authorization was sought for viscosupplementation injections. The applicant was using a brace to move about. On October 8, 2013, the applicant was given prescriptions for Norco, Zofran, and Nexium. On March 4, 2014, Norco, Zofran, Motrin, and Nexium were apparently renewed. There was no discussion of medication efficacy insofar as the Nexium was concerned. In an April 4, 2014 progress note, the attending provider protested that the claims administrator had denied viscosupplementation injections. The applicant was having issues with knee instability and falling, it was stated. The applicant was not doing chores around the home, it was stated.

Prescriptions for Norco, Nexium, Motrin, and Zofran were endorsed without any discussion of medication efficacy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nexium 20mg #30 (not listed on the application):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Nexium to combat issues with NSAID-induced dyspepsia, as appeared to be present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not documented the applicant's response to introduction and/or ongoing usage of Nexium. Nexium has seemingly been refilled from visit without discussion of medication efficacy. It has not been clearly established whether or not (or if) ongoing usage of Nexium has proven favorable here. Therefore, the request is not medically necessary.