

Case Number:	CM14-0081491		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2005
Decision Date:	09/23/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 fibromyalgia and chronic neck pain reportedly associated with an industrial injury of December 8, 2005. Thus far, the applicant has been treated with analgesic medications; attorney representations; adjuvant medications; left and right carpal tunnel release surgery; and opioid therapy. In a Utilization Review Report dated May 7, 2014, the claims administrator conditionally certified a request for Nexium, stating that the issues in question, reflux, had not been deemed compensable by the claims administrator, by the Workers' Compensation Appeals Board (WCAB), or by a medical-legal evaluator. The claims administrator invoked non-MTUS ODG guidelines in the conditional certification, noting that other proton pump inhibitors could be employed preferentially over Nexium. In a January 21, 2014 progress note, the applicant reported persistent complaints of wrist pain, neck pain, and fatigue. The applicant apparently had a recent sleep study and unspecified gastrointestinal tests, it was stated. The applicant was on Lyrica, Cymbalta, Vicodin, and Nexium, it was stated. Each of the aforementioned medications was renewed. The applicant's disability status was described as "unchanged." It did not appear that the applicant was working. On January 21, 2014, the applicant was described as using hydrochlorothiazide for hypertension. The applicant's work status was not furnished on this occasion, either. On November 19, 2013, the applicant was again described as having multifocal neck, low back, mid back, and bilateral shoulder pain. Fibromyalgia, carpal tunnel syndrome, and cervical dysesthesias were the stated diagnoses. The applicant was again described as using Lyrica, Cymbalta, Vicodin, and Nexium. There was no explicit mention of issues with reflux, heartburn, or dyspepsia, and no explicit mention of how effectual ongoing usage of Nexium was.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR, 40 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 7, 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, in this case, however, there is no clear mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in any of the provided progress notes referenced above. No rationale for selection and/or ongoing usage of Nexium was proffered by the attending provider. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not clearly outlined whether or not ongoing usage of Nexium has been beneficial here. Therefore, the request is not medically necessary.