

Case Number:	CM14-0084101		
Date Assigned:	07/21/2014	Date of Injury:	01/07/2010
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 patient is a 58 year old female who was injured on 1/7/10. The mechanism of injury was not provided for review. Prior medication history included Lyrica, gabapentin, zithromax, Flonase, Lidoderm, Duexis, Voltaren gel, and Nexium. Diagnostic studies reviewed include upper endoscopy and enteroscopy biopsy of esophagus and stomach, which revealed acid induced esophagus and gastric inflammation. As indicated on the progress note dated 4/7/13, the patient has GERD and has had it since 2009. She has a diagnosis of hernia and reflux by endoscopy; those reports are not available for review. The patient is noted as using Nexium for GI discomfort, but still reports ongoing GI issues. It is felt that her GI symptoms could be the cause of any one of her medications. There are no further records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64,69. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 66-69.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors (PPI's) such as Nexium may be recommended for patients at moderate to high risk of gastrointestinal events due to NSAID use. In this case the patient is a 58-year-old female injured on 1/7/10 with chronic neck and shoulder pain. She has a history of GERD and gastritis apparently documented by endoscopy. She is currently prescribed Duexis (Ibuprofen and Famotodine), Voltaren gel, and Nexium, yet medical records do not demonstrate clinically significant improvement on NSAIDs. Long-term use of NSAIDs is generally not recommended. Further, it is not clear why the patient needs both an oral and topical NSAID with a proton pump inhibitor and a H2-receptor antagonist in the setting of GERD and gastritis. Medical records do not discuss current GI symptoms, the response to Nexium, or provide a rationale for the medication regimen. As such, the request is not medically necessary.