

Case Number:	CM14-0085922		
Date Assigned:	07/25/2014	Date of Injury:	08/01/1997
Decision Date:	09/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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:

According to the records made available for review, this is a 61-year-old female with a 8/1/97 date of injury, and status post L4-L5 and L5-S1 fusion 3/12/98. At the time (4/14/14) of request for authorization for Medication review for Nexium 40mg #30, there is documentation of subjective (low back pain that radiates down the right leg to the level of the ankle, numbness, tingling, and weakness, right hip pain, and right shoulder pain) and objective (bilateral lumbar paraspinous tenderness right greater than left, 2+ palpable muscle spasms present, positive straight leg raise exam on right at 30 degrees in supine positive, 4/5 muscle strength of right anterior tibialis, peroneus longus/brevis, 3/5 muscle strength of right extensor hallucis longus, and hypoesthesia in right L5 and S1 dermatomes) findings, current diagnoses (status post L4-L5 and L5-S1 lumbar fusion and residual low back pain and right lower extremity radiculopathy), and treatment to date (surgery, lumbar epidural steroid injection, and medication (including ongoing treatment with Norco, Gabapentin, and Nexium)). 3/20/14 medical report identifies patient does described symptoms of dyspepsia and gastritis. There is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Nexium is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review for Nexium 40mg #30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.RxList.comwww.odg-twc.com/odgtwc/farmulary.htmwww.online.epocrates.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years or older; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Nexium is being used as a second-line, as criteria necessary to support the medical necessity of Nexium. Within the medical information available for review, there is documentation of diagnoses of status post L4-L5 and L5-S1 lumbar fusion and residual low back pain and right lower extremity radiculopathy. In addition, there is documentation of symptoms of dyspepsia and gastritis. However, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Nexium is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Medication review for Nexium 40mg #30 is not medically necessary.