

Case Number:	CM14-0086772		
Date Assigned:	08/08/2014	Date of Injury:	03/17/2008
Decision Date:	09/11/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45 year old female with date of injury 3/17/2008. The mechanism of injury is stated as a slip and fall. The patient has complained of bilateral knee pain (right greater than left), neck pain and upper back pain since the date of injury. She has been treated with surgery (cervical spine fusion and lumbar discectomy at L5-S1), knee corticosteroid injection, physical therapy and medications. MRI of the right knee performed in 12/2010 revealed a 3 cm intra-articular mass of unclear etiology, thinning of the retropatellar cartilage and joint space narrowing, Objective: positive Phalen's test left side, right gluteal medial muscle tenderness to palpation, right knee patellar cerpitus, right iliotibial band tenderness to palpation. Diagnoses are knee osteoarthritis, cervical spine disc disease, chronic pain syndrome, sprain of the hip/thigh, joint pain of the lower leg. Treatment plan and request is for Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #80 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment :Integrated Treatment/Disability Duration Guidelines pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 67-68.

Decision rationale: According to the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. In this case, there are no reports describing the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, the request for Nexium 20 mg #80 with 5 refills is not medically necessary and appropriate.