

Case Number:	CM14-0099279		
Date Assigned:	07/28/2014	Date of Injury:	05/07/2003
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old gentleman who was reportedly injured on May 7, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 2, 2014, indicates that there are ongoing complaints of increasing pain due to deny medications. The injured employee stated to be using more Motrin which causes G.I. symptoms. The physical examination noted that the injured employee appeared anxious and depressed. There was moderate the grass trick tenderness as well as tenderness in the left lower quadrant with increased bowel sounds. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications and knee injections. A request had been made for Nexium and Cialis and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Nexium (Esomeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom. The injured employee was reported to be taking an increased amount of Motrin and complained of gastric upset. Considering this, this request for Nexium is medically necessary.

Cialis 20mg #25: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BJU Int.2009 Feb;103(4):506-14. doi: 10.1111/j.1464-410X.2008.08000.x. Epub 2008 Oct 16.

Decision rationale: Tadalafil, more commonly known as Cialis, is used for the treatment of erectile dysfunction. A review of the attached medical record relates the injured employees condition of erectile dysfunction to his occupational injury. As such, this request for Cialis is medically necessary.