

Case Number:	CM14-0099441		
Date Assigned:	07/28/2014	Date of Injury:	12/16/2005
Decision Date:	08/29/2014	UR Denial Date:	06/21/2014
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 Internal Medicine and is licensed to practice in Virginia and Washington, D.C. 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:

This a 66-year-old who sustained injury on Dec 16, 2005 and developed low back pain with radiation to her right lower extremity with pain from the buttock area. The patient underwent physical therapy on Jan 12 2006 and he was thereafter placed on disability. He was diagnosed with cervical spondylosis and disc protrusion, bilateral shoulder rotator cuff tear with impingement and lumbar radiculitis. The patient underwent a lumbar laminectomy. Per ██████████ ██████████ progress note on Nov 28 2013, the patient was controlled with nexium for his gastrointestinal symptoms. In a medical evaluation by ██████████ the patient had been prescribed the following medications on May 11 2013: theramine, paxil, ambien, xanax, advair, zafirlukast, nexium, terazosin, zocor, norco, celebrex, metformin, vitamin d.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2
Page(s): 68.

Decision rationale: This patient was noted GERD (gastroesophageal reflux disease) was being treated with omeprazole . He was also noted to be on celebrex, a cox-2 inhibitor. The use of omeprazole is medically indicated. According to the Chronic Pain Medical Treatment Guidelines, Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI (gastrointestinal) and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs (non-steroidal anti-inflammatory drugs; e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. RecommendationsPatients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor; for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin PPI. The request for Nexium 40mg, sixty count with three refills is not medically necessary or appropriate.