

Case Number:	CM13-0067717		
Date Assigned:	01/03/2014	Date of Injury:	11/07/2008
Decision Date:	04/02/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 7, 2010. In a Utilization Review Report dated December 3, 2013, the claims administrator failed to approve a request for Nexium. The claims administrator referenced progress notes of November 18, 2013 and June 7, 2013 in its determination. The claims administrator contended that the attending provider's documentation was handwritten and difficult to follow. The applicant's attorney subsequently appealed. On September 18, 2014, the applicant was described as having had issues with H. pylori positive gastritis. The applicant did report various chronic pain and depressive symptoms. The applicant was using tramadol and Nexium. The attending provider contended that ongoing usage of Nexium had attenuated the applicant's issues with reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40MG QD PRN #30 REFILL 3 TIMES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 69 of 127.

Decision rationale: Yes, the request for Nexium, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here. The applicant apparently has issues with endoscopically-proven, H. pylori positive gastritis, which has reportedly responded to ongoing usage of Nexium. Therefore, the request was medically necessary.