

Case Number:	CM14-0119125		
Date Assigned:	09/24/2014	Date of Injury:	02/19/2010
Decision Date:	01/21/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Rehab, 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:

This 51 year-old patient sustained an injury on 2/19/10. Request(s) under consideration include Nexium 20 mg # 30 refills 5. Diagnoses include lumbar disc disorder/facet syndrome/lower back pain; cervical pain; post laminectomy syndrome/fusion. Conservative care has included medications, therapy, acupuncture, lumbar epidural injections, and modified activities/rest. The patient continues to treat for chronic ongoing pain complaints with use of opiates since 11/9/10. There is UDS dated 3/7/12 positive for ethyl sulfate without change in treatment regimen. UDS on 4/25/14 showed consistent results. EMG/NCS of 8/28/12 for the cervical and upper extremities had normal results. Medications list Percocet, Lyrica, Tizanidine, Nexium, Lidoderm patch, Etodolac. Report of 6/23/14 from the provider noted unchanged neck pain radiating to arms. Exam showed unchanged restriction of the cervical and lumbar spine. The patient was advised to discontinue Lodine and start Celebrex along with Fioricet. The request(s) for Nexium 20 mg # 30 refills 5 was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20 mg # 30 refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Nexium medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Nexium namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any GI diagnosis or clinical findings to warrant this medication. The Nexium 20 mg # 30 refills 5 are not medically necessary and appropriate.