

Case Number:	CM14-0193431		
Date Assigned:	11/26/2014	Date of Injury:	02/14/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old female with an injury date of 02/14/12. Based on the 10/15/14 progress report provided by treating physician, the patient complains of low back pain rated 5/10. Patient is status post medial branch block L3, L4 and L5 bilaterally, date unspecified. Physical examination to the lumbar spine revealed pain, stiffness, and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 20 degrees and positive lumbar facet loading test bilaterally. Patient reports medications are working well with no side effects. Medications include Colace, Vicodin, Naprosyn, Nexium and Trazodone, which were prescribed in progress reports dated 09/18/14 and 11/13/14. Patient has completed 6 sessions of chiropractic. Patient uses a TENS and is on home exercise program. Patient is permanent and stationary. Vicodin is prescribed for breakthrough pain. Nexium is prescribed for GI upset, as patient reports stomach upset from NSAID medication use. Occasional GI upset currently under control with GI protectant. Diagnosis as of 10/15/14 includes lumbar spinal stenosis, spinal/lumbar degenerative disc disease and low back pain. The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 04/01/14 -11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #30: Upheld

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 and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain rated 5/10. Patient is status post medial branch block L3, L4 and L5 bilaterally, date unspecified. Patient's diagnosis on 10/15/14 included lumbar spinal stenosis and spinal/lumbar degenerative disc disease. Patient reports medications are working well with no side effects. Medications include Colace, Vicodin, Naprosyn, Nexium and Trazodone, which were prescribed in progress reports dated 09/18/14 and 11/13/14. Patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The physician indicates in progress report dated 10/15/14 that Nexium is prescribed for GI upset, as patient reports "stomach upset from NSAID medication use. Occasional GI upset currently under control with GI protectant." Review of medical records does not show evidence of gastric problems. Furthermore, "occasional GI upset" does not constitute GI risk assessment for prophylactic use of PPI, as required by MTUS. The request is not medically necessary.