

Case Number:	CM14-0197615		
Date Assigned:	12/02/2014	Date of Injury:	06/11/2009
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family 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 patient is a 61 year-old woman who was injured at work on 6/11/2009. The injury was primarily to her back and sacral area. She is requesting review of denial for Nexium DR 40 mg #30. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include the following: Sacroiliitis; Unspecified Disc Disorder of the Lumbar Spine; and Thoracic/Lumbosacral Neuritis/Radiculitis. Her medication regimen in July, 2014 included: Tramadol, Gabapentin, Flexeril, and Nexium. A request was made on 11/11/2014 for Nexium. In the process of performing a utilization review Nexium was not certified for the following reason: the "ODG/TWC states that proton pump inhibitors are recommended for patients at low risk for gastrointestinal events." In this case, "there is no documentation of NSAID use and/or documentation of any gastrointestinal issues."

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) such as Nexium. These guidelines state that the use of a PPI is determined by whether the patient has gastrointestinal (GI) symptoms and whether they are at risk for a significant GI event. In this case there is no documentation provided in the available records that the patient has a history of a significant gastrointestinal problem such as a history of a peptic ulcer, GI bleeding or perforation. Further, the patient is younger than 65 years of age. The patient does not appear to be currently taking an NSAID, aspirin, a corticosteroid or is on an anticoagulant. Therefore, the patient appears to be at low risk for a gastrointestinal event. Under these conditions, the use of a PPI such as Nexium DR is not considered as a medically necessary treatment.