

Case Number:	CM14-0202366		
Date Assigned:	12/12/2014	Date of Injury:	09/22/1994
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 60 year-old female with a 9/22/1994 date of injury. According to the 9/8/2014 psychiatry/pain management report, the patient presents with 8/10 low back pain with medications she has been diagnosed with lumbago. Medications include: OxyContin 20mg tid; Nexium 40mg; Norco 10/325mg 1-2 q4h, #180/month; Elavil 25mg; Soma 350mg tid. The only GI symptoms listed was constipation without nausea or vomiting. This review is for the use of Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Proton Pump Inhibitors

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

Decision rationale: The request is for use of Nexium 40mg x2 refills. The patient is a 60 year-old female with a low back injury from 9/22/1994, she still has 8-10/10 low back pain and is

under the care of a pain management physician. Six medical reports were reviewed from 1/31/14 through 11/7/14. The 4/4/14 report is the first report that documents use of Nexium, and refills of Nexium appear on the subsequent reports through 9/8/14. It appears to have been discontinued on 11/7/14. The available medical records did not provide a rationale for use of Nexium. MTUS Chronic Pain Medical Treatment Guidelines Pg. 68-69 under NSAIDs, GI symptoms & cardiovascular risk, states Determine if the patient is at risk for gastrointestinal events: (1) age > 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 NSAID (e.g., NSAID + low-dose ASA). And for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines suggest that Nexium can be appropriate if the patient is at risk for GI events, or if there is dyspepsia from NSAID therapy. The patient is not reported to be taking an NSAID and does not appear to have any of the risk factors. The patient is under age 65; there is no reported ulcer or GI bleed and is not reported to be on anticoagulants or multiple NSAIDs. The request for Nexium 40mg x 2 refills is not medically necessary.