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| <b>Case Number:</b>   | CM14-0215921 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 03/02/1998 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 claimant is a 68 year-old female with a remote history of a work-related injury occurring in 1998. She continues to be treated for chronic neck and arm pain. Ongoing medications include Vicoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): p68-71.

**Decision rationale:** Vicoprofen hydrocodone / ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is over age 65 and taking a combination medication containing the non-

selective NSAID ibuprofen. She would be considered at intermediate risk for a GI event. In this clinical scenario, guidelines recommend use of a nonselective NSAID and a proton pump inhibitor such as Nexium, which therefore was medically necessary. The request for Nexium is medically necessary.