

Case Number:	CM14-0083065		
Date Assigned:	07/23/2014	Date of Injury:	02/19/2010
Decision Date:	02/10/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, headaches, and arm pain reportedly associated with an industrial injury of February 19, 2010. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for Nexium. The claims administrator contended that the attending provider failed to document any evidence of issues with dyspepsia or other gastrointestinal complaints. The claims administrator referenced in April 25, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a February 13, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating to the arms and headaches. The applicant was using Lidoderm patches, Lidocaine, Nexium, tizanidine, Percocet, Medrol, Lyrica, it is incidentally noted. The applicant posited that her pain medications were attenuating her pain complaints. An occipital nerve block and additional acupuncture were sought. It was stated that the applicant was using Nexium for GI upset caused by medications. It was not stated whether Nexium was or was not effective. It was stated at bottom of the report that Nexium is being employed for GI upset caused by medications. This was not elaborated or expounded upon. The attending provider did not state whether or not Nexium was or was not effective. The applicant was not currently working, it was acknowledged, with permanent limitations in place. In a March 19, 2014 progress note, an occipital nerve block was sought. The applicant was again described as using Nexium in the medication section of the report. There was no explicit mention of issues with reflux, heartburn, or dyspepsia, however. In the gastrointestinal review of systems section of the note, moreover, the applicant had explicitly denied any gastrointestinal issues, it was further noted. On April 26, 2014, the applicant was again described as having a negative gastrointestinal review of the systems. While the attending provider stated that the applicant's medications were working well, this was not elaborated or

expounded upon. It was again stated at the bottom of the report that the applicant was using Nexium for GI upset caused by medication. This was not elaborated or expounded upon. The attending provider did not state which medication or medications was generating the alleged GI upset, nor did the attending provider state whether the Nexium was or was not attenuating the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg one capsule daily #30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS & GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG- 12 th edition web 2014 NSAIDS. GI SYMPTOMS & Cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Functional Restoration Approach to Chronic Pain M.

Decision rationale: While page 69 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Nexium are indicated in the treatment of NSAID-induced dyspepsia, this recommendation, however, is quailed by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider has failed to establish whether or not ongoing usage Nexium has or not has proven beneficial. The attending provider progress notes did not clearly state or establish the presence of bona fide symptoms of heartburn, reflux, and/or dyspepsia for which introduction, selection, and/or ongoing usage of Nexium would be indicated. While the attending provider stated that Nexium was being employed for GI upset caused by medications, this was not described in the body of any of the reports referenced above, of early 2014 and was, furthermore, contravened by the attending provider's comments in the review of the systems section of each note that the applicant had a negative GI review of systems. The attending provider did not, furthermore, incorporate any discussion of medication efficacy insofar as Nexium was contented into any of the aforementioned progress notes. Therefore, the request was not medically necessary.