

<b>Case Number:</b>	CM15-0000732		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 43 year old male, who sustained an industrial injury on 12/10/2008. The diagnoses have included crush injuries of tibial/fibula fractures, ankle fracture, degenerative joint disease in the ankle, right ankle orthopedic surgery, bilateral knee surgery, bilateral neuropathy and chronic pain syndrome. Treatment to date has included medications, home exercise program, cane, several orthopedic surgeries, and activity modification. Currently, the injured worker complained of bilateral lower extremities pain. The exam noted tenderness, spasm and decreased range of motion. On 12/08/2014 Utilization Review non-certified (Lyrica 200mg #30 noting MTUS Chronic Pain Treatment Guidelines, Pregabalin,) (Nexium 40mg #30, MTU Chronic Pain Treatment Guidelines), (Ibuprofen 800mg #90, MTUD Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drugs), and (Butrans 10mcg/hr #4 modified for 1 prescription to aid in weaning, noting the MTUS Chronic Pain Treatment Guidelines, Opioids). On 1/3/2015, the injured worker submitted an application for IMR for review of Lyrica 200mg #30, Nexium 40mg #30, and Butrans 10mcg/hr #4 and Ibuprofen 800mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg #30 with no refills, 30 day supply (Rx Date 12/1/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Nexium medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Nexium namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any GI diagnosis or clinical findings to warrant this medication. The Nexium 40mg #30 with no refills, 30 day supply (Rx Date 12/1/14) is not medically necessary and appropriate.

**Ibuprofen 800mg #90 with no refills, 30 day supply (Rx date 12/1/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Ibuprofen 800mg #90 with no refills, 30 day supply (Rx date 12/1/14) is not medically necessary and appropriate.