

<b>Case Number:</b>	CM15-0002471		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on July 16, 2008. The diagnoses have included unspecified monoarthritis involving lower leg, unspecified back disorder, and bursitis and major depressive affective disorder recurrent episodes moderate degree. Treatment to date has included topical medications, injections, TENS unit and oral medications. Prior exam findings did not indicate that the claimant had an abnormal GI exam or bleeding risks. Plan of care included, Continue exercise program, Voltaren, TENS and Advil. On December 26, 2014 Utilization Review non-certified a Nexium 40mg quantity thirty noting, Official Disability Guidelines (ODG) was cited. On December 6, 2014, the injured worker submitted an application for IMR for review of Nexium 40mg quantity thirty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE Nexium 40mg #30 (11/3/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Nexium is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk.. Therefore, the continued use of Nexium is not medically necessary.