

Case Number:	CM15-0005489		
Date Assigned:	01/16/2015	Date of Injury:	03/11/2005
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

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 55-year-old female who reported injury on 03/11/2005. The specific mechanism of injury was not provided. The diagnostic studies included electrodiagnostics, and a CT scan of the lumbar spine. Surgical history included a lumbar spine. The specific procedure was not provided. The documentation of 11/17/2014 revealed the injured worker had bilateral neck pain, low back pain, arm pain, and leg pain. The injured worker was noted to have an increase in overall pain. The injured worker's medications included Neurontin, Zanaflex, baclofen, and methadone. The injured worker had headaches occurring daily and had a constant numbness in her hands. The injured worker indicated she was utilizing an oral steroid that helped her breathe; however, the injured worker indicated she was unsure why she was on the oral steroid. The injured worker had poor sleep. The injured worker's current medications included baclofen 10 mg, gabapentin 600 mg, lisinopril 10 mg, methadone 10 mg, methyl prednisolone 4 mg tablets, Nexium 40 mg 1 capsule by mouth daily, Norco 10/325 mg, OxyContin 40 mg 1 every 8 hours as needed for pain, Topiragen 100 mg tablets, and Zanaflex 4 mg. The physical examination revealed the injured worker had complaints of ongoing severe baseline back and leg pain as well as groin pain. The injured worker had an antalgic gait and spasms of her neck and back. The injured worker had numbness and pain to the right greater than left lower extremity. The injured worker was utilizing a cane. The diagnoses included chronic severe low back pain, thoracic lumbosacral neuritis and radiculitis unspecified, lumbar/lumbosacral intervertebral disc disorder, postlaminectomy syndrome of the lumbar region, and displacement of lumbar disc without myelopathy. The treatment plan included a

continuation of medications with the exception of valium and to wean the injured worker off of a steroid. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 (30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend that injured workers be assessed and if found at intermediate or high risk for gastrointestinal events, the injured worker should utilize a proton pump inhibitor. The clinical documentation submitted for review indicated the medication was 1 of the current medications utilized. However, there was a lack of documentation of the efficacy that of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nexium 40 mg #30 (30 day supply) is not medically necessary.