

Case Number:	CM15-0143782		
Date Assigned:	08/05/2015	Date of Injury:	12/27/2013
Decision Date:	09/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

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 35 year old female, who sustained an industrial injury on December 27, 2013 while working as an assembler. The injury occurred while the injured worker was working on a machine in which she was repetitively pulling a lever. The injured worker experienced abrupt neck and low back pain. The injured worker also noted cumulative trauma to her bilateral shoulders and bilateral wrists. The diagnoses have included cervical spine sprain-strain, thoracic spine sprain-strain, left shoulder sprain-strain, bilateral wrist sprain-strain, gastritis with non-steroidal anti-inflammatory drugs and mild carpal tunnel syndrome. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, chiropractic treatments, acupuncture treatments, injections and physical therapy. Current work status is unclear in the medical records. Current documentation dated April 11, 2015 notes that the injured worker reported neck, mid-back and low back pain. Examination of the cervical spine revealed tenderness to palpation over the left paraspinal muscles, no significant spasms or guarding and a full range of motion. Tenderness to palpation was also noted over the superior trapezius area and upper thoracic spine. The injured worker had no significant lumbar spine tenderness. Lumbar spine range of motion was full. Examination of the bilateral shoulders and bilateral wrists revealed a full range of motion. Strength and sensation were intact in the bilateral wrists-hands. Current medications were not provided in the medical records. The treating physician's plan of care included requests for Gaviskon 1 bottle with 2 refills and Nexium 40 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg QTY: 30 with 2 refills: Overturned

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): 68-69.

Decision rationale: The patient presents with neck, mid back, bilateral shoulder and bilateral wrist pain. The current request is for Nexium 40 mg quantity 30 with 2 refills. The QME report dated 04/11/2015 notes a history of stomach irritation and gastritis since 04/26/2010. The patient has taken Prilosec for stomach related issues. She is currently not taking any pain medications. The patient underwent gastric bypass surgery, date of which is unknown. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient has documented gastrointestinal issues and has tried Prilosec without much success. A trial of Nexium is appropriate to determine its efficacy. The current request is medically necessary.

Gaviscon 1 Bottle with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21434379> - Using gaviscon preparation for relief of esophageal, extraesophageal syndromes and functional dyspepsia in elderly patients with GERD.

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

Decision rationale: The patient presents with neck, mid back, bilateral shoulder and bilateral wrist pain. The current request is for Gaviscon 1 bottle with 2 refills. The QME report dated 04/11/2015 notes a history of stomach irritation and gastritis since 04/26/2010. She has taken Prilosec for stomach related issues. The patient underwent gastric bypass surgery, date of which is unknown. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient has documented gastrointestinal issues and has tried Prilosec without much success. A trial of Gaviscon is appropriate to determine its efficacy. The current request is medically necessary.