MAXIMUS Federal Services

Case Number:	CM15-0148859		
Date Assigned:	08/12/2015	Date of Injury:	10/22/1990
Decision Date:	09/22/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: Preventive Medicine, Occupational Medicine

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 54-year-old male, who sustained an industrial injury on October 22, 1990 while working as a countertop fabricator. The injury occurred while the injured worker was lifting a heavy countertop. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc displacement without myelopathy, lumbar radiculitis, chronic low back pain, failed back surgery syndrome and depressive disorder. Documentation dated December 5, 2012 notes the injured worker also had severe gastroesophageal reflux disease and had a family history of esophageal cancer. Treatment and evaluation to date has included medications, radiological studies, psychiatric evaluations, epidural steroid injections, home exercise program and a lumbar laminectomy. Work status noted to be permanent and stationary, with permanent disability. Current documentation dated July 10, 2015 notes that the injured worker reported continued low back pain and leg pain. The pain was rated a 4 out of 10 on the visual analogue scale with medications. The medication allowed the injured worker to stay more active and made him feel less depressed. Examination of the lumbar spine revealed a one beat clonus on the right Achilles and a two beat clonus on the left Achilles. No spasm or guarding was noted. A straight leg raise test was negative. Sensation was intact in both lower extremities. The injured worker was noted to experience gastrointestinal upset with medication use. The injured worker is receiving buprenorphine for pain and reports improvement in pain and function. The treating physician's plan of care included a request for Nexium 20 mg # 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Nexium is a proton pump inhibitor (PPI). The MTUS Guidelines recommend the use of a proton pump inhibitor such as Nexium in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker has had or is at increased risk of gastrointestinal events. Additionally, per the available documentation, he is no longer prescribed NSAIDs. The request for Nexium 20 mg Qty 30 with 1 refill is determined to not be medically necessary.