

<b>Case Number:</b>	CM15-0163117		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/30/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male with an industrial injury dated 11-30-2006. His diagnoses included mild right carpal tunnel syndrome, cervical facet joint arthropathy, and cervical disc protrusion at cervical 5-6, lumbar facet joint pain, lumbar disc protrusion and lumbar radiculopathy. Comorbid conditions include asthma, hypertension, gastroesophageal reflux disease, hypercholesterolemia and back injury from a traumatic motorcycle accident. Prior treatment included radio frequency nerve ablation, cervical facet joint injections and medications. He presents on 08-06-2015 with bilateral neck pain radiating into the bilateral periscapular. "The patient presents as he needs Nexium refills." Physical exam revealed mildly restricted cervical range of motion with pain. Bilateral shoulder ranges of motion were restricted by pain in all directions. Right shoulder impingement signs and Hawkins's were positive. Her medications included MSIR, Losartan-HCTZ, Simvastatin, Lidoderm and Nexium. The treatment request is for Nexium 40 mg #60 x 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg #60 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, and page 68 and on the Non-MTUS Official Disability Guidelines, Pain, and Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per ODG TWC, "many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line." While it is noted that the injured worker has a history of GI upset and GERD, as noted per the guidelines, Nexium is a second-line medication. The medical records do not establish whether the patient has failed attempts at first line PPIs, such as omeprazole or lansoprazole, which should be considered prior to prescribing a second line PPI such as Nexium. The request is not medically necessary.