

Case Number:	CM15-0181727		
Date Assigned:	09/23/2015	Date of Injury:	09/27/2006
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 59-year-old female who sustained an industrial injury on 9-27-06. The impression is noted as status post left ankle fracture with post-op reflex sympathetic dystrophy 9-27-06, status post metal removal left ankle 2-28-08, low back pain secondary to sprain-strain injury 9-27-06, and left sciatica secondary to low back pain. Previous treatment includes physical therapy, medication, injections, x-rays, MRI, and surgery. In a progress report dated 8-18-15 (exam dated 8-17-15), the physician notes since her last visit, she states her back pain is worse with sitting and her left ankle is tender to touch. She continues with medications and rates her pain as 4 out of 10. Physical exam reveals lumbar spine range of motion is normal and there is no tenderness or spasm. Seated straight leg raise is positive bilaterally to 60 degrees. Passive hip range of motion is full and painless bilaterally. Work status is that she is currently working. Current medications are Cymbalta, Lithium Carbonate, Wellbutrin, Xanax, Lidoderm, Neurontin, Nexium, Soma, and Tramadol. She was prescribed Neurontin 300 one three times a day #90 x5, Tramadol HCL 50 one every 6 hours as needed #120 x5, Soma 350 one #90 x5, Lidoderm 5% as directed, Nexium 40 one each morning #30 x5. A request for authorization is dated 8-19-15. The requested treatment of Nexium 40mg #30 with 5 refills was denied on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request is for NEXIUM 40MG #30 WITH 5 REFILLS. The RFA is dated 08/19/15. Previous treatment includes physical therapy, medication, injections, x-rays, MRI, status post left ankle fracture with post-op reflex sympathetic dystrophy 9-27-06, and status post metal removal left ankle 2-28-08. The patient has returned to work. MTUS page 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 08/15/15, the patient presents with low back pain and sciatica. Physical exam revealed seated straight leg raise is positive bilaterally at 60 degrees. Current medications are Cymbalta, Lithium Carbonate, Wellbutrin, Xanax, Lidoderm, Neurontin, Nexium, Soma, and Tramadol. The patient has been prescribed Nexium since at least February 2015. In this case, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, the patient is not on NSAID therapy. The medical necessity of this medication has not been established. Therefore, the request IS NOT medically necessary.