

<b>Case Number:</b>	CM15-0188480		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on 6-6-02. Current diagnoses or physician impression includes migraines, post lumbar laminectomy and lumbar radiculitis. The injured worker is permanently disabled, permanent and stationary. Notes dated 8-14-15 - 9-14-15 reveals the injured worker presented with complaints of low back pain that radiates to his legs, and headaches. The pain is reduced from 10 out of 10 to 5 out of 10 with medications. Physical examinations dated 7-15-15 - 9-14-15 revealed slow, altered gait. Cervical spine examination revealed stiff and guarded range of motion. There is "paravertebral muscles" tenderness bilaterally. The lumbar spine examination revealed tenderness to palpation at the paravertebral muscles and spasms bilaterally. There is spinous process tenderness noted on L1, L2, L3, L4 and L5. A straight leg raise test is positive on the right and the FABER test is positive. There is tenderness noted over the sacroiliac joint bilaterally. Treatment to date has included the following medications; Lorazepam, Opana ER, Zolof and Buprenorphine, lumbar laminectomy, psychotherapy and Botox injections. A request for authorization dated 8-31-15 for Esomepra Magnesium 40 mg #30 is denied, per Utilization Review letter dated 9-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esomepra Magnesium 40mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Proton pump inhibitors (PPIs).

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of proton pump inhibitors (PPIs), including Esomepra Magnesium, as a treatment modality. In general PPIs are used for patients at risk for a serious gastrointestinal side effect such as a GI bleed or ulcer. In determining which patients warrant the use of a PPI, clinicians should weight the indications for NSAIDs against the GI risk factors. The clinician should determine if the patient is at risk for gastrointestinal events. These risk factors include the following: (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). In this case, the records do not provide any evidence that the patient has any of these above cited risk factors. Under these conditions, there is no justification for the use of a PPI. Therefore, Esomepra Magnesium is not medically necessary.