

Case Number:	CM15-0193163		
Date Assigned:	10/07/2015	Date of Injury:	03/12/2003
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, 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 45 year old female, who sustained an industrial injury on 03-12-2003. The injured worker is currently working part-time. Medical records indicated that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, cervicgia, and shoulder and upper arm sprain-strain. Treatment and diagnostics to date has included TENS (Transcutaneous Electrical Nerve Stimulation) Unit, right shoulder surgery, steroid injections, elbow brace, right shoulder and cervical spine MRI's, and medications. Current medications include Valium, Norco, Colace, and Nexium. After review of progress notes dated 07-21-2015 and 08-18-2015, the injured worker reported neck and right shoulder pain. Objective findings included restricted right shoulder and cervical range of motion. The request for authorization dated 08-18-2015 requested Norco, Valium, and Nexium 40mg 1 tablet by mouth daily #30. The Utilization Review with a decision date of 09-02-2015 non-certified the request for Nexium 40mg, 1 tablet by mouth daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, 1 tab by mouth daily #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Nexium is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was also on long-term NSAIDS which could be modified to reduce any potential risk rather than continuing Nexium. Therefore, the continued use of Nexium is not medically necessary.