

Case Number:	CM15-0196667		
Date Assigned:	10/12/2015	Date of Injury:	09/09/2014
Decision Date:	12/15/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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: Washington, 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 57 year old female with an industrial injury date of 09-09-2014. She complained of sudden injury to her abdomen and lower back while lifting a heavy object. Medical record review indicates she is being treated for lumbar sprain and strain, bilateral sciatica rule out L5-S1 radiculopathy and epigastric abdominal pain possibly secondary to referred back pain. Work status was documented on 08-18-2014 as temporarily totally disability. Abdominal CT scan on 12-10-2014 showed right chronic diverticulum. Prior treatment included medication, physical therapy, and chiropractic treatments. Subjective complaints on 08-18-2015 included continued lumbar spine pain and abdominal pain. The abdominal pain was described as variable and associated with physical activities. No pain after eating. The injured worker also complained of anxiety and sleep difficulties. The treating physician indicated no change in functional status since last examination. The internal medicine progress note dated 08-14-2015 reported epigastric abdominal pain. Patient is H. pylori positive. Medications were listed as Tylenol #3 and Nexium. Discontinued medications included Ibuprofen, Naprosyn, Flexeril and ibuprofen cream. Abdominal exam was within normal limits. Abdominal ultrasound was negative. Diagnosis was thought to be gasgrosophageal reflux disease. On 09-03-2015 the following treatment requests were non-certified by utilization review: Pre-Pak Qty 1, Nexium 40 MG Qty 30, Gaviscon Qty 1, Fluconazole 150 MG Qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaviscon Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACG Guideline for GERD: Katz PO, Gerson LB, Vela MF. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol* 2013; 108: 308-328.

Decision rationale: Gaviscon is a non-prescription antacid indicated for the treatment of heartburn and gastroesophageal reflux disease (GERD). Its active ingredients vary with manufacturer but include calcium carbonate, magnesium trisilicate or magnesium carbonate, all of which are classified as antacids. The MTUS and the Official Disability Guidelines (ODG) do not address use of antacids. The American College of Gastroenterology recommends a proton pump inhibitor to empirically treat GERD. If this therapy is not effective then endoscopic evaluation of the stomach is recommended in order to direct further therapies. This patient is positive for *H. pylori* and is thought to have gastroesophageal reflux by the internal medicine physician. There are no postprandial gastroesophageal symptoms nor complaints of heartburn. Endoscopy has not been performed and the patient is taking a proton pump inhibitor. Although the patient's diagnosis meets the manufacture's indication for use of Gaviscon, there is no support from clinical practice guidelines for this use. Medical necessity has not been established. The request is not medically necessary.

Pre-Pak Qty 1: 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.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: A Pre-Pak kit is a group of physical therapy aids, which can be used in a home environment to augment formal physical therapy. It is used to improve transition from the physical therapy office to the home. Active therapy directed towards specific goals are initially done in the Physical Therapist's office but require continuation at home to result in a return to normal functional activities. Commonly the physical therapist will give the patient exercises with or without simple low cost equipment, such as an exercise band, to develop an effective home exercise program. Rarely are specialized equipment required. There are no clinical guidelines that recommend use of specific ancillary equipment for a home exercise program and the physical therapist who recommended the use of a kit did not give any special reason for requesting such a kit. At this point in the therapy for this patient, there is no documented reason for use of a Pre-Pak kit. Medical necessity has not been established. The request is not medically necessary.

Nexium 40 MG Qty 30: Overturned

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 based on Non-MTUS Citation ACG Guideline for GERD: Katz PO, Gerson LB, Vela MF. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol 2013; 108: 308-328.

Decision rationale: Esomeprazole (Nexium) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux (GERD), and Zollinger-Ellison syndrome. The MTUS recommends its use daily (20 mg per day) to treat or prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are symptomatic or at intermediate risk of developing gastric problems from the NSAIDs. This patient has been diagnosed with GERD. She is allergic to NSAIDs but is taking an opioid preparation. She has been taking Nexium for over one month yet continues to have epigastric symptoms. Considering all the above information, continuing Nexium therapy remains an option in treatment. Medical necessity has been established. The request is medically necessary.

Fluconazole 150 MG Qty 1: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pappas PG, et al. Clinical Practice Guidelines for the Management of Candidiasis: 2009 Update by the Infectious Diseases Society of America.

Decision rationale: Fluconazole is an antifungal medication. It is commonly used to treat a variety of fungal infections, especially Candida infections of the vagina, mouth, throat, and bloodstream, and as a second-line agent for the treatment of cryptococcal meningoencephalitis, a fungal infection of the central nervous system. It is use as a single 150 mg dose to treat vulvovaginitis, once weekly dose for skin fungal infections, and otherwise as a once daily dose, up to 400 mg/day, for other fungal infections. There is no documentation that this patient has been diagnosed with a fungal infection. Use of fluconazole in this patient is not indicated at this time. Medical necessity has not been established. The request is not medically necessary.