

Case Number:	CM15-0200082		
Date Assigned:	10/15/2015	Date of Injury:	03/24/2010
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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:

This 61 year old man sustained an industrial injury on 3-24-2010. Diagnoses include status post lumbar and cervical spine surgeries, lumbar spine radiculopathy with foot drop, right lower extremity paresthesia due to lumbar radiculopathy and diabetic polyneuropathy, hyperlipidemia, diabetes mellitus, hypertension, constipation, gastroesophageal reflux disease, psychiatric diagnoses, kidney stones, and obstructive sleep apnea. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of musculoskeletal pains, increased anxiety and stress, inability to sleep at night, acid reflux (improved with Nexium), and constipation (improved). The physical examination shows no significant findings. Laboratory testing is resulted as cholesterol 175, HDL 43, triglycerides 165, LDL 99, complete metabolic profile shows glucose 105 and calcium 10.4. Hemoglobin A1c is 5.7 and controlled. Recommendations include continue low glycemic and low cholesterol diet, Metformin, Simvastatin, Tricor, avoid NSAIDs, Nexium, Colace, Amlodipine, Lisinopril, Atenolol, re-evaluation with the psychiatrist, stop Zolpidem, restart Amitriptyline, Gabapentin, follow up with urology, follow up with orthopedics, follow up with private medical physician, an follow up in six weeks. Utilization Review denied a request for Nexium on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #30 with 1 refill: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, such as Nexium, as a treatment modality. Typically, proton pump inhibitors are used to address patients at risk for a serious gastrointestinal side effect from the chronic use of NSAIDs, such as a GI bleed or ulcer. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against GI risk factors. Specifically, the clinician should 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). In this case, the records do not indicate that the patient is on an NSAID or is over 65 or has a history of a GI bleed or peptic ulcer. Under these conditions, the use of Nexium is not indicated or medically necessary.