

<b>Case Number:</b>	CM15-0201515		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, North Carolina  
 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 is a 57 year old female who sustained an industrial injury on 9-17-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. According to the progress report dated 9-21-2015, the injured worker complained of ongoing low back pain. She was noted to have a gastrointestinal consult scheduled for 10-20-2015. It was noted that she was unable to try Prilosec as it was denied. She reported that Norco caused constipation and nausea. Objective findings (9-21-2015) revealed tenderness to palpation of the lumbar paraspinal muscles. Treatment has included exercise and medications. Current medications (9-21-2015) included Nucynta, Nexium and Senokot. The original Utilization Review (UR) (10-2-2015) denied a request for Nexium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 20mg QD #30 with 2 Refills:** 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): Opioids for chronic pain.

**Decision rationale:** Proton pump inhibitors (PPI) are indicated for many patients at risk for GI events. The request in this case is for Nexium, a second-line agent. The patient has previously been prescribed a first-line agent, Prilosec, which was denied. Therefore, there is no evidence of the trial and failure of a first-line agent as required by guidelines. Thus, the medical necessity is not established. The patient reports nausea and vomiting with the use of Norco, which is the rationale for the Nexium request. Nexium is not indicated for opioid-induced nausea/vomiting. In addition, the patient no longer appears to be taking Norco, so the symptoms should resolve without the use of a PPI. Finally, it is noted that the patient had a GI consult pending at the time of the request, and it would be prudent to review this evaluation before continuing a PPI.