

Case Number:	CM15-0209799		
Date Assigned:	10/28/2015	Date of Injury:	10/18/2007
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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, with a reported date of injury of 10-18-2007. The diagnoses include lumbosacral radiculopathy, anxiety, sleep disturbance, morbid obesity, temporomandibular joint disorders, and cervical radiculopathy. The progress report dated 09-08-2015 indicates that "There has been no significant improvement since the last exam". The injured worker complained of neck pain with radiation down the right arm, associated with numbness in the right hand and constant aching from the neck down the right hand. It was noted that an MRI of the cervical spine in 2014 showed non-specific straightening of the cervical spine, a right paracentral disc osteophyte complex at C5-6, and mild central canal narrowing with a far left lateral annular fissure and mild to moderate left foraminal narrowing at C6-7. The physical examination showed tenderness of the cervical paracervical muscles with spasm; restricted cervical range of motion; normal and symmetrical deep tendon reflexes in the cervical spine; reduces sensation in the right C7 dermatomal distribution; grossly intact motor strength; tenderness of the lumbar paravertebral muscles with spasm; restricted lumbar range of motion; restricted range of motion in flexion and internal and external rotation of the right hip; and tenderness to palpation of the greater trochanter. The injured worker's work status was noted as modified work with restrictions. The progress report dated 07-15-2015 indicates that the injured worker was a gastric bypass patient, and needed gastric medications to reduce her gastritis. Nexium (esomeprazole) was prescribed to reduce the discomfort. The treating physician noted that her gastrointestinal symptoms were worsening and she needed to be evaluated and treated by a gastroenterologist. The diagnostic studies to date have included electrodiagnostic studies of the

bilateral upper extremities on 09-16-2015 which showed no evidence of carpal tunnel syndrome, ulnar neuropathy, or acute cervical radiculopathy. Treatments and evaluation to date have included Meloxicam, Lidoderm 5% patch, Cyclobenzaprine, Esomeprazole (since at least 07-2015), and Omeprazole (discontinued in 07-2015). The request for authorization was dated 09-08-2015. The treating physician requested Esomeprazole magnesium ER 20mg 30mg with two refills. On 10-08-2015, Utilization Review (UR) non-certified the request for Esomeprazole magnesium ER 20mg 30mg with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esomeprazole Magnesium DR 20 mg #30 refills 2: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Esomeprazole is a proton pump inhibitor (PPI) 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, the claimant did have gastric symptoms. Quality of symptoms and length of use was not justified. The claimant had been on the medication for several months. In addition, the claimant had long-term use is NSAIDS and discontinuing the Meloxicam would be more beneficial the continuing the PPI. Long-term use is not recommended and continued use is not medically necessary.