

Case Number:	CM15-0028021		
Date Assigned:	02/20/2015	Date of Injury:	04/23/2003
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old male, who sustained an industrial injury on 04/23/2003. The diagnoses have included cervical fusion from C3-C7, chronic low back pain and left lower extremity pain status post left L5-S1 laminectomy, facetectomy, and foraminotomy on 06/13/2014, history of radiofrequency ablation to bilateral L4-L5, chronic right knee pain, left foot pain, and left ulnar neuropathy and sensory peripheral neuropathy of the left leg. Noted treatments to date have included surgery, physical therapy, radiofrequency ablation, and medications. Diagnostics to date have included MRI of the cervical spine on 09/22/2011 showed solid fusions at C4-C5-C6, partial fusion noted at C6-C7, and small central disk protrusion noted at C3-C4, C5-C6, and C5-C6 per progress note. In a progress note dated 01/12/2015, the injured worker presented with complaints of neck and low back pain with radicular symptoms into his lower extremities. The treating physician reported the injured worker states that the Prilosec has not been as helpful and stomach pains have been significant. Utilization Review determination on 01/30/2015 non-certified the request for Nexium 20mg #60 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Nexium 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Nexium is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Nexium 20mg #60 is not medically necessary.