

Case Number:	CM15-0215136		
Date Assigned:	11/05/2015	Date of Injury:	04/13/2010
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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:

This injured worker is a 46 year old male who reported an industrial injury on 4-13-2010. His diagnoses, and or impressions, were noted to include: lumbar sprain-strain with disc herniation, status-post lumbar discectomy with fusion (11-23-10), and chronic low back pain; chronic cervical sprain-strain and radiculitis; large thoracic disc herniation; right wrist sprain with internal derangement; and right carpal tunnel syndrome. No imaging studies were noted. His treatments were noted to include: a panel qualified medical re-evaluation report with psychological testing and review of records on 11-12-2014 & 8-28-2015; panel qualified orthopedic medical re-evaluation on 12-1-2014; a home exercise program; medication management with toxicology screenings; and modified work duties. The orthopedic progress notes of 8-25-2015 reported complaints which included: increased low back pain while driving; chronic low back pain; right wrist pain; and numbness in both hands. The objective findings were noted to include: that the x-rays of the thoracic spine noted multi-level degenerative disc disease, and a lumbar spine fusion at L 4-5; lumbar spasms with positive bilateral straight leg raise; tenderness across the thoracic spine with pain that radiated into the bilateral rib cage; worsening neck-cervical spine spasm with painful and decreased range-of-motion, pain with axial compression, and mostly right-sided arm pain; painful and decreased right wrist range-of- motion, with tenderness at the ulnar, volar and dorsal wrist; and a palpable abdominal hernia. The physician's requests for treatment were noted to include the request of his medications which were noted to include Nexium 40 mg daily, #30. Nexium 40 mg was noted as far back as 12-1-2014. The Request for Authorization, dated 10-1-2015, was noted to include Nexium 40 mg, #30. The Utilization Review of 10-9-2015 non-certified the request for Nexium 40 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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, Nexium is a proton pump inhibitor 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, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant gets GI upset while on medications. There is no indication of altering medications to reduce side effects. In addition, the claimant has been on Nexium for over 8 months and long-term use is not supported by the guidelines. Therefore, the continued use of Nexium is not medically necessary.