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| <b>Case Number:</b>   | CM15-0031548 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 03/17/2008 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 02/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic knee, neck, and low back pain reportedly associated with an industrial injury of March 17, 2008. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for Nexium. The claims administrator referenced a progress note of February 2, 2015 in its determination, along with non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, the applicant was described as having ongoing issues with gastroesophageal reflux disease. The applicant was status post earlier lumbar laminectomy surgery. The applicant's medications included Celebrex, Effexor, Lyrica, Nexium, and tizanidine. The applicant was reportedly recovering from knee surgery. Multiple medications were refilled. On January 15, 2015, the applicant was noted to have ongoing complaints of knee, neck, and low back pain. The applicant did report ancillary complaints of depression. The applicant had completed a functional restoration program. The attending provider seemingly suggested that usage of Celebrex and Nexium had effectively attenuated the applicant's issues with reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 20mg, #60 with 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

**Decision rationale:** Yes, the request for Nexium, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia. Here, the requesting provider has posited that ongoing usage of Nexium has attenuated the applicant's symptoms of reflux. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.