MAXIMUS Federal Services

Case Number:	CM15-0043065		
Date Assigned:	03/13/2015	Date of Injury:	04/23/2003
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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
Certification(s)/Specialty: Internal 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 (IW) is a 59-year-old male who sustained an industrial injury on 04/23/2003. The back and left elbow were affected; the claim was amended to include chest, headaches, internal organs- urinary and bowel- and sexual dysfunction as well as psychological injury. Diagnoses include L1 to S1 disc degeneration and stenosis, status post L1 through S1 fusion, residual left leg numbness and mild left upper extremity radiculopathy. Treatment to date has included medications, physical therapy and acupuncture. According to the progress notes dated 11/11/14, the IW reported ongoing neck pain that radiates down the left upper extremity; he rates the pain 6/10 with medication and 7/10 without it. He also had constant lower back pain rated 6/10 with medication and 8/10 without it. The notes stated the IW failed conservative care including lifestyle modification, medication and physical therapy. On 1/25/15 the treating MD noted NSAID induced gastritis as part of the patient's problem list. On 2/26/15 we note that the MD was treating the patient with oxycontin, percocet, and contemplating changing Motrin to another NSAID. Prior to that date the MD had requested Nexium40 mg as part of the treatment plan but this was denied by the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #60 (pharmacy purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 9718 and topic 134.0.

Decision rationale: Nexium is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In this particular patient we note that he has the diagnosis of NSAID induced gastritis but needs this type of medicine as part of his treatment protocol. He is a failed back surgery and is on short acting and long acting opioids for pain control. In this type of patient the NSAID acts to augment the effect of opioids and therefore to hopefully reduce the dose of opioids. Therefore the NSAID is considered essential for treatment. He has had gastritis from this medicine and is therefore at risk for other complications such as ulcer or bleeding. Therefore, Nexium would be considered as essential in order to protect his GI mucosa from secondary complications. Therefore, the UR decision is overturned and the patient should be afforded the Nexium.