

Case Number:	CM15-0043731		
Date Assigned:	03/13/2015	Date of Injury:	05/23/2002
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46-year-old female who sustained an industrial injury on 5/23/2002. Her diagnoses, and/or impressions, include right shoulder impingement and bilateral carpal tunnel syndrome. Current magnetic resonance imaging studies were not noted. Her treatments have included 2 courses of physical therapy, with noted improvement, and medication management. The progress notes of 2/10/2015, shows no significant improvement in her bilateral shoulder pain with restricted range-of-motion, since her last examination. Also noted was bilateral hand pain with swelling, numbness and tingling, an inability to grip, and decreased strength. The physician's requests for treatment included Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 2.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 46-year-old female has complained of shoulder pain and wrist pain since date of injury. She has been treated with physical therapy and medications. The current request is for Nexium. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Nexium is not indicated as medically necessary in this patient.