

Case Number:	CM15-0050008		
Date Assigned:	03/23/2015	Date of Injury:	01/22/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on January 22, 2010. She reported neck pain, bilateral upper extremity pain, thoracic and lumbar pain. The injured worker was diagnosed as having cervical intervertebral disc degeneration. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions including bilateral carpal tunnel release and a right shoulder surgery, conservative therapies including physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, bilateral upper extremity pain, thoracic and lumbar pain. She reported radiating pain in bilateral upper extremities with associated tingling, numbness and coolness in bilateral hands. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 26, 2015, revealed continued pain. Surgical intervention of the cervical spine was discussed. Evaluation on February 13, 2015, revealed continued pain. She reported continuing to have difficulty with acid reflux in spite of diet adjustments. She was noted to have lost a significant amount of weight by sticking to the diet. Nexium was recommended for the continued reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 MG #30 with 11 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Nexium (esomeprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is noted reflux, but there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Nexium (esomeprazole) is not medically necessary.