

Case Number:	CM15-0052467		
Date Assigned:	03/25/2015	Date of Injury:	07/15/1996
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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, 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:

The injured worker is a 53 year old female, who sustained an industrial injury on July 15, 1996. The injured worker was diagnosed as having unspecified disorder of autonomic nervous system and bilateral ulnar nerve entrapment and carpal tunnel syndrome. Treatment and diagnostic studies to date have included acupuncture, chiropractic, injections, surgery, heat and medication. A progress note dated February 2, 2015 provides the injured worker complains of hand pain described as burning cramping and tearfulness. She reports she has not received her medication and increased hand pain and locking. Physical exam notes decreased grip strength and ulnar sensitivity. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The plan includes medication, spa therapy, injection and splint. The past medical history includes psychological problems, GERD and IBS. The patient's surgical history includes cholecystectomy. The medication list includes Gabapentin, Anaprox, nexium, Vicodin, valium and Voltaren gel. Patient had stopped the medication anaprox. The patient had received massage, PT, chiropractic and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #60 with 2 refills: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Nexium 40mg, #60 with 2 refills. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events". Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." A recent detailed examination of the gastrointestinal tract was not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Nexium 40mg, #60 with 2 refills is not medically necessary in this patient.