MAXIMUS Federal Services

Case Number:	CM15-0056465		
Date Assigned:	04/28/2015	Date of Injury:	09/14/1997
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: North Carolina
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 67 year old female, who sustained an industrial injury on 9/14/1997. She reported falling at work and boxes falling on top of her head. The injured worker was diagnosed as having status post right knee arthroscopy with residuals, status post nasal fracture, status post nasal surgery, right knee chondromalacia patella with tricompartmental osteoarthritis, lumbar spine herniated nucleus pulposus, gastroesophageal reflux disease, anxiety, bilateral wrist myoligamentous sprain/strain, cervical spine sprain/strain, right lower extremity radicular pain, right shoulder sprain/strain, and left index finger sprain/strain. Treatment to date has included medications, magnetic resonance imaging, and knee surgery. The request is for Nexium, Sentra AM, and Sentra PM. The records indicate she reported having heartburn and nausea on 8/4/2014. The records indicate she suffers from anxiety, depression, stress, and insomnia. On 12/4/2014, she complained of worsening acid reflux symptoms and abdominal pain. On 12/22/2014, she complained of constant right knee pain. She rated her pain as 9/10. She has had 2 knee arthroscopies with continued pain afterward. She also reports having headaches, and low back pain. She rated her low back pain as 8/10 with radiation into the lower extremities. The treatment plan included: magnetic resonance imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium #30, 40 mg daily (two refills) prescribed 12-4-14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-70.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The provided documentation places the patient at risk that would justify the use of a PPI with NSAID therapy and therefore the request is medically necessary.

Sentra AM #60 prescribed 12-4-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter; Healthouch Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.

Sentra PM #60 prescribed 12-4-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter; Healthouch Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.