

<b>Case Number:</b>	CM15-0058123		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Arizona, 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 55-year-old male, with a reported date of injury of 09/23/2004. The diagnoses include status post left knee arthroscopy and chronic osteoarthritis of the left knee. Treatments to date included Norco and Hyalgan injection. The progress report dated 11/25/2014 indicates that the injured worker complained of left knee pain. It was noted that the injured worker's condition had not improved since the last examination. The objective findings were not indicated. The medical report dated 03/17/2015 indicates that the injured worker complained of left knee pain. His pain had gotten worse and it was at a constant level. The pain radiated to the back of his left knee. The objective findings include tenderness, more swelling, and more pain. The treating physician requested Nexium with three refills (date of service: 12/01/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED RETRO NEXIUM 20MG #180 REFILLS X3 (DOS 12/01/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Nexium is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the use of Nexium with 3 refills were not medically necessary.