

Case Number:	CM15-0059469		
Date Assigned:	04/06/2015	Date of Injury:	05/25/2004
Decision Date:	05/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/30/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 61 year old female who sustained a work related injury on May 25, 2004, incurring cervical and low back injuries. She was diagnosed with sciatica, cervical disc disease and cervicgia. Treatment included aqua therapy, steroid injections, medications, acupuncture sessions, massage therapy and physical therapy. Currently, the injured worker complained of upper back pain radiating into her upper extremities. Treatment included medications management. The treatment plan that was requested for authorization included a prescription for Nexium DR. The medications listed are Fentanyl patch, Valium, Tylenol #4, Flector 1.3% patch, oxycodone and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records did not indicate that the patient had a past history of gastrointestinal disease, NSAID induced gastritis or other risk factors. There is no documentation of the use of oral NSAID medications. The criteria for the use of Nexium 40mg #30 were not met. The request is not medically necessary.