

Case Number:	CM15-0062166		
Date Assigned:	04/08/2015	Date of Injury:	04/28/2003
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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: Emergency Medicine

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 58-year-old female, with a reported date of injury of 04/28/2003. The diagnoses include bilateral wrist tendonitis, bilateral elbow and wrist sprain/strain, bilateral cubital tunnel syndrome, lumbosacral disc injury with radiculopathy, bilateral S1 lumbosacral radiculopathy, flare-up of neck and low back pain, and flare-up of right upper extremity, hand pain. Treatments to date have included home exercise and anti-inflammatory medication. The medical report dated 03/02/2015 indicates that the injured worker had ongoing pain in her neck, lower back, and bilateral wrists. The objective findings include tenderness to palpation of the cervical spine and cervical paraspinal muscles with painful range of motion, tenderness to palpation of the lumbosacral and lumbar spine with painful range of motion, and tenderness to palpation of the bilateral wrists with painful range of motion. There was mention of a discussion between the treating physician and the injured worker regarding GI upset control. The treating physician requested Nexium 40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg 1 tab twice a day, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Nexium is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS, chronic pain guidelines, a PPI is recommended in patient's on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient is on ibuprofen and was on protonix, which was not helping symptoms. However, provider recommended stopping ibuprofen and for some unknown reason patient was switched to Zovirax(acyclovir), an antiviral medication often used to treat herpes. Since patient has been taken off NSAIDs, Nexium is not medically necessary.