

Case Number:	CM15-0086722		
Date Assigned:	05/08/2015	Date of Injury:	04/27/2004
Decision Date:	06/16/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas

Certification(s)/Specialty: Internal 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 74 year old male who sustained an industrial injury on April 27, 2004. Previous treatment includes assistive devices, medications which include Celebrex, and ██████████ hand therapy. Currently the injured worker complains of gastrointestinal pain due to use of Celebrex. He reports that he uses Mylanta and this helps with the pain. Diagnoses associated with the request include chronic low back pain, osteoarthritis of the left knee, carpal tunnel syndrome and cervical degenerative disc disease. The documentation submitted for review does not indicate the injured worker has a medical history of gastrointestinal conditions or cardiovascular conditions. The evaluating physician noted that Nexium was being prescribed as a gastrointestinal protective agent. The treatment plan includes Nexium and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that the Injured Worker has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Nexium is not medically necessary.