Case Number:	CM15-0088196		
Date Assigned:	05/12/2015	**Date of Injury:**	06/04/2003
Decision Date:	06/15/2015	**UR Denial Date:**	04/30/2015
Priority:	Standard	**Application Received:**	05/07/2015

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: New York, West Virginia, Pennsylvania
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 47-year-old male who sustained a work related injury June 4, 2003. While on top of a pallet with boxes five feet high, he lost his balance and fell, hitting his head and the left lumbar spine region. He had pliers in his pocket that jammed his back as well. He was treated with physical therapy and medication and placed on modified work duties. Past history included a spinal cord stimulator, s/p fusion, lumbar spine L4-5 and laminectomy. According to a pain medicine re-evaluation, dated April 13, 2015, the injured worker presented with complaints of neck pain, which radiates down the bilateral upper extremities and into the hands. There is also intermittent tingling and frequent numbness in the bilateral upper extremities to the level of the hands. There is constant low back pain, which radiates down the bilateral lower extremities, with numbness to the level of the feet. His gait is slow and he utilizes a cane to ambulate. Diagnoses included cervical radiculitis; cervical sprain/strain; failed back surgery syndrome; lumbar radiculopathy; gastritis; implant annular tear. At issue, is the request for authorization for Nexium and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that Norco is recommended for moderate to severe pain and patients should be monitored for efficacy, functional improvement, side effects, and signs of aberrant use. In this case, the patient has been on Norco long term without evidence of quantified pain or functional improvement. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.

Nexium 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Proton pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Guidelines recommend use of proton pump inhibitors for patients at risk for gastrointestinal events. In this case, the patient is not at risk for gastrointestinal events and per guidelines, prophylactic use is not supported. The request for Nexium 40 mg is not medically appropriate and necessary.