

<b>Case Number:</b>	CM15-0088618		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 12/1/2004. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having non-alcoholic hepatitis, gastric reflux, hemorrhoids, cervical degenerative disc disease, chronic neck pain and cervical radiculopathy and spondylosis. There is no record of a recent diagnostic study. Treatment to date has included medication management. In progress notes dated 4/1/2015, 4/3/2015 and 4/16/2015, the injured worker complains of acid reflux, right shoulder pain, low back pain and bilateral lower extremities pain. The treating physician is requesting Nexium 40 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Nexium in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is documented evidence of gastric reflux on at least 3 separate follow-up visits with the injured worker. This request is reasonable and consistent with the recommendations of the MTUS Guidelines. The request for Nexium 40mg, #30 is determined to be medically necessary.