MAXIMUS Federal Services

Case Number:	CM15-0233522		
Date Assigned:	12/09/2015	Date of Injury:	01/26/2011
Decision Date:	01/20/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/30/2015

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, New York, 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 applicant is a represented [redacted] who has filed a claim for psychological stress reportedly associated with an industrial injury of January 26, 2011. In a Utilization Review report dated November 9, 2015, the claims administrator failed to approve a request for Nexium. An August 3, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 30, 2015, a month's supply of Nexium with 4 refills was endorsed. On a handwritten August 3, 2015 office visit, the applicant apparently presented to obtain a refill of Nexium. The note was very difficult to follow, although it did appear that the treating provider stated that the applicant's symptoms of reflux recurred whenever she attempted to come off of Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg #3 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Yes, the request for Nexium, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. The treating provider reported on August 3, 2015 that the applicant did have active issues with reflux and indirectly stated that prior usage of Nexium had effectively ameliorated the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.