

<b>Case Number:</b>	CM14-0132525		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	05/10/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male with date of injury of 05/10/2001. The listed diagnoses per [REDACTED] from 06/06/2014 are status post C - 7 discectomy and fusion; history of multiple thoracolumbar decompression infusions; and chronic pain syndrome. According to this report the patient complains of back pain from the neck to the lower area of the back. He also complains of bilateral upper and lower extremity pain with numbness and significant muscle spasms. The patient states that the pain interferes with his daily activity and sleep. He rates his pain is 10/10 without medications and 6/10 with medications, which makes it tolerable. The examination of the cervical spine shows limited range of motion with paracervical muscle spasms and tenderness. He has paravertebral muscle spasms and tenderness throughout the thoracic and lumbar region. The patient has global weakness in the upper and lower extremities. DTRs are suppressed at the level of both the biceps and patella. The utilization review denied the request on 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

**Decision rationale:** This patient presents with back pain and bilateral upper and lower extremity pain. The provider is requesting Nexium 40 mg. The MTUS guidelines page 68 and 69 on NSAIDs, G.I. symptoms, and cardiovascular risk states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer; G.I. bleeding or perforation; concurrent use of a SA, corticosteroid, and or anticoagulant; high-dose multiple NSAIDs. The records show that the patient was prescribed Nexium on 02/14/2014; however, prior medication history was not made available. The 06/06/2014 report notes that the patient is experiencing heartburn related to his current prescribed medications. Given documented gastrointestinal events, this request is medically necessary.