

Case Number:	CM14-0146024		
Date Assigned:	09/12/2014	Date of Injury:	09/02/2005
Decision Date:	10/14/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 49-year-old male who reported an injury on 09/02/2005; the mechanism of injury was not provided. Diagnoses included lumbar disc degeneration, lumbar radiculopathy, status post fusion of the lumbar spine, and failed back surgery syndrome. Past treatments included a home exercise program, acupuncture, and medication. Pertinent diagnostic studies were not provided. Surgical history included a fusion of the lumbar spine. The clinical note dated 08/27/2014 indicated the injured worker complained of neck and low back pain, and medication associated gastrointestinal upset. Physical exam revealed decreased range of motion in the lumbar spine and tenderness to palpation. Current medications included Enovarx-Ibuprofen 10%, Gabapentin 600 mg, Cyclobenzaprine 10 mg, and Hydrocodone 10/325 mg. The treatment plan included Nexium 40 mg. The rationale for treatment and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Nexium, Proton Pump Inhibitors (PPIs)

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

Decision rationale: The request for Nexium 40 mg is not medically necessary. The California MTUS Guidelines indicate that patients at risk for gastrointestinal events include those over the age of 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose multiple NSAIDs. For patients with no risk factor and no cardiovascular disease, a nonselective NSAID is supported. The injured worker had been taking the requested medication since at least 07/23/2014 and continued to complain of medication associated gastrointestinal upset. There is a lack of clinical documentation to indicate the efficacy of the requested medication, or to indicate that the injured worker was at risk for a gastrointestinal event. Additionally, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Nexium 40 mg is not medically necessary.