

Case Number:	CM14-0162979		
Date Assigned:	10/08/2014	Date of Injury:	05/01/2013
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 General Surgery 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:

This 52 year old female was injured 5/1/13. Bilateral C4-5 and C5-6 medial branch blocks were done 5/21/14. C5-6 disk replacement was done 7/23/14. She appears to be doing well after the disc replacement surgery having failed diagnostic medial branch blocks. A request for Nexium was made as of 9/3/14. This was denied on the basis that the patient is not taking NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium Qty: 60 X 2 Refills (PPI): Upheld

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

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

Decision rationale: Per a progress note dated 10/9/14 and authored by the requesting provider the patient is taking anti-inflammatories. The specific drug, however, has not been identified. "Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPI's. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPI's are more effective than all other therapies,

although there is an increase in overall adverse effects compared to placebo."Proton Pump Inhibitors are useful as a preventative in patients at risk for GI side effects from medications, those with a history of GI problems, and a patient 60 years of age and older. It is rarely used in a dosage schedule other than once daily. Therefore, the request is not medically necessary.