

<b>Case Number:</b>	CM14-0094339		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Interventional Spine 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 47 year old female with date of injury 2/5/08. The treating physician report dated 5/1/14 indicates that the patient presents with pain affecting the left shoulder that is aching and constant, constipation from medication usage, depression and anxiety. Current medications include: Norco, Prilosec, Narcosoft, Nexium, Lactulose and Norco. The physical examination findings reveal tenderness of the left A/C joint, crepitus, decreased abduction, pain with internal rotation and decreased shoulder flexion and extension. Cervical spine crepitus, decreased flexion, decreased extension and decreased lateral flexion bilaterally. The current diagnoses are: 1.Cervical spinal stenosis 2.Shoulder region disorder The utilization review report dated 5/22/14 denied the request for Nexium 40mg based on the rationale that Prilosec and Protonix were ineffective previously and the patient is no longer taking NSAIDS.

### 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 PPIs (proton pump inhibitors).

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

**Decision rationale:** The patient presents with chronic left shoulder pain and cervical pain. The current request is for Nexium 40mg. The treating physician states in the 5/1/14 report, "The Prilosec didn't help and in fact upset her stomach more. The treating physician reports reviewed indicate that she was last prescribed Naproxen on 12/2/13. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. MTUS further states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treating physician in this case documents stomach upset presumably due to patient's NSAID use. The patient has tried prilosec without much success and the treating physician has prescribed Nexium. MTUS supports use of PPI's for dyspepsia due to NSAIDs. Given the above the request is medically necessary.