

<b>Case Number:</b>	CM14-0211219		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California  
Certification(s)/Specialty: Emergency 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:

Patient with reported date of injury on 6/11/2009. Patient has a diagnosis of sacroilitis, lumbar pain and thoracic/lumbosacral radiculitis. Medical reports reviewed. Last report available until 11/26/14. Patient complains of low back pain. Pain is 4/10. Objective exam was reviewed and are not relevant to this review. Imaging reports were reviewed. Nexium is reportedly for "heartburn" due to pain medication. Medications include Flexeril, Nexium, Gabapentin and Tramadol. Independent Medical Review is for Nexium 40mg #30. Prior Utilization Review on 12/11/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium dr 40mg capsule SIG: take 1 daily Qty: 30:** Upheld

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

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

**Decision rationale:** Nexium is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidelines, a PPI is recommended in patient's on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient is not on an NSAID and has no listed conditions that place patient in high risk category. Patient has "heartburn" but it is not likely related to the medications patient is currently on. Nexium is not medically necessary.