

<b>Case Number:</b>	CM14-0212520		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with an 11/30/10 date of injury. At the time (11/15/14) of the request for authorization for Nexium 40mg #30 one qday, there is documentation of subjective (low back pain radiating to bilateral lower extremity, more on the right than left in the distribution of L5) and objective (positive numbness, decreased deep tendon reflexes) findings, current diagnoses (lumbar degenerative disc disease and failed back surgery syndrome), and treatment to date (medication). There is no documentation of a risk for a gastrointestinal event and failure of a trial of omeprazole or lansoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg #30 on qday:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs and failure of a trial of omeprazole or lansoprazole, as criteria necessary to support the medical necessity of Nexium. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease and failed back surgery syndrome. However, there is no documentation of a risk for a gastrointestinal event and failure of a trial of omeprazole or lansoprazole. Therefore, based on guidelines and a review of the evidence, the request for Nexium 40mg #30 one qday is not medically necessary.