

<b>Case Number:</b>	CM14-0216288		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 56-year-old woman with a date of injury of 06/28/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/13/2014, 09/26/2014, 11//2014 indicated the worker was experiencing left ankle stiffness and left leg, ankle, and knee pain. Documented examinations described tenderness in the left ankle and knee. The submitted and reviewed documentation concluded the worker was suffering from anxiety; dyspepsia; and left ankle, knee, and leg pain. Treatment recommendations included medications, continued home exercise program, follow up care, and education. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for thirty tablets of Nexium (esomeprazole) 40mg take each morning and thirty tablets of quetiapine 50mg to be taken at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg, QAM #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Esomeprazole: Drug Information. Topic 9104, version 139.0. UpToDate, accessed 02/25/2015.

**Decision rationale:** Nexium (esomeprazole) is a medication in the proton pump inhibitor (PPI) class. The MTUS Guidelines support the use of a PPI (specifically omeprazole) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing left ankle stiffness and left leg, ankle, and knee pain. These records reported the worker had a history of dyspepsia while taking a NSAID. This is a potentially serious complication from this medication, yet the NSAID was continued. There was no discussion sufficiently supporting the use of this medication in this setting. In the absence of such evidence, the current request for thirty tablets of Nexium (esomeprazole) 40mg take each morning is not medically necessary.

**Quetiapine 50mg, QHS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quetiapine: Drug Information. Topic 9570, version 142.0. UpToDate, accessed 02/25/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Quetiapine is a medication in the atypical antipsychotic class. It is FDA-approved for the treatment of bipolar disorder, schizophrenia, major depressive disorder along with antidepressant medications. There is also literature to support the use of quetiapine in the treatment of ICU delirium and treatment-resistant obsessive-compulsive disorder. The submitted documentation concluded the worker was suffering from anxiety; dyspepsia; and left ankle, knee, and leg pain. These records did not describe any symptoms or findings consistent with any of the above diagnoses. There was no discussion supporting this request. In the absence of such evidence, the current request for thirty tablets of quetiapine 50mg to be taken at bedtime is not medically necessary.