

Case Number:	CM15-0013866		
Date Assigned:	02/02/2015	Date of Injury:	07/15/1993
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 70 year old female, who sustained an industrial injury on 07/15/1993. The diagnoses have included history of cervical sprain/strain with severe spondylosis and cervicogenic headaches, lumbar sprain/strain, bilateral carpal tunnel syndrome, history of bilateral wrist pain, and history of shoulder pain. Treatments to date have included epidural injections, exercise, intermittent neck traction, chiropractic manipulation, wrist splints, and medications. Diagnostics to date have included electromyography/nerve conduction studies on 12/05/2014 which showed bilateral carpal tunnel syndrome with no sign of radiculopathy from her neck and prior MRI revealed spondylitic change with spinal stenosis at L4-L5 and L5-S1 with spur complex abutting the left S1 nerve root. In a progress note dated 12/18/2014, the injured worker presented with complaints of worsening neck pain. The treating physician reported using Nexium for dyspepsia from medications. Utilization Review determination on 12/31/2014 non-certified the request for Nexium 40mg citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Official Disability Guidelines, Nexium 40 mg is not medically necessary. Nexium is a proton pump inhibitor. Nexium is recommended for patients at risk for gastrointestinal events. Prilosec, Prevacid and Nexium are all PPIs. Omeprazole provides statistically significant greater acid control than lansoprazole. Prilosec is more affordable than Nexium. Nexium is not available in generic. The use of proton pump inhibitors should be limited to the recognized indications and use at the lowest dose for the shortest possible amount of time. A trial of omeprazole lansoprazole is recommended before Nexium. In this case, the injured worker's working diagnoses are cervical sprain/strain with underlying spondylosis and cervicogenic headaches; lumbar sprain/strain; carpal tunnel syndrome, stable; history bilateral wrist pain with chronic tendinitis; bilateral shoulder pain with chronic tendinopathies. The documentation states the injured worker had complaints of dyspepsia. There was no history of peptic ulcer disease, G.I. bleeding or concurrent aspirin use. There were no positive physical findings in the abdominal examination. The documentation shows the injured worker was using omeprazole as far back as May 2014. Progress notes dated July 2014 and October 2014 show omeprazole was refilled. Progress notes dated August 2014 and September 2014 did not list a proton pump inhibitor. The injured worker is taking Naprosyn concurrently. A progress note dated November 19, 2014 shows Nexium was refill. Naprosyn was still prescribed. Nexium did not appear in a prior progress note and the exact start date is unclear. Additionally, there is no clinical rationale in the medical record indicating why a change was made from Omeprazole to Nexium. There was no objective functional improvement associated with omeprazole. There was no objective functional improvement documented and associated with Nexium. Consequently, absent clinical documentation with objective functional improvement with ongoing proton pump inhibitor use and a clinical rationale for the change from omeprazole to Nexium, Nexium 40 mg is not medically necessary.