

Case Number:	CM15-0015612		
Date Assigned:	02/04/2015	Date of Injury:	01/06/2014
Decision Date:	03/19/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 51 year old male, who sustained an industrial injury on 1/6/14. He has reported left ankle pain. The diagnoses have included ankle pain and degeneration of cervical intervertebral disc. Treatment to date has included physical therapy and oral medications, including muscle relaxants and narcotic pain medication. Currently, the injured worker complains of moderate constant and worsening left ankle pain without radiation. On 1/14/15 the physical exam noted mild effusion, swelling and tenderness of left ankle area. On 1/22/15 Utilization Review non-certified Nexium 40mg #30 with 3 refills, noting it was not medically necessary, as he has an intermediate risk for gastrointestinal events and no cardiovascular disease, taking this medication long term has an increased risk for hip fracture. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Nexium 40mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 3 refills: 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): 67-68.

Decision rationale: This 51 year old male has complained of left ankle pain since date of injury 1/6/14. He has been treated with physical therapy and medications. the current request is for Nexium. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Nexium is not indicated as medically necessary in this patient.