MAXIMUS Federal Services

Case Number:	CM15-0179555		
Date Assigned:	09/28/2015	Date of Injury:	12/18/2014
Decision Date:	11/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old male who sustained an industrial injury on December 18, 2014. A recent primary treating office visit dated August 06, 2015 reported subjective chief complaint of "he was lifting a plant when he felt something in his stomach." His chief complaint is of "pain in the lower back and abdominal pain." The patient's chief complaint at the time of initial evaluation "is moderate to severe and severe pain in the right low back." The "pain radiates down the posterior right leg." Previous treatment included activity modification, Narcotic pain medications, lumbar epidural injection, non -steroidal anti-inflammatory agent, and diagnostic testing to include radiographic study. There is note of pending surgical consultation addressing hernia. The following diagnoses were applied to this visit: lumbar strain and sprain; thoracic strain and sprain, and umbilical hernia without obstruction or gangrene. The plan of care noted: prescribing Nexium, ordered Acetaminophen, wear back brace and return for follow up. Documentation provided showed on June 10, 2015 the worker underwent transforaminal lumbar epidural injection, bilateral L5-S1. Primary follow up dated April 29, 2015 reported the plan of care involved: refilling Lidoderm 5% patches, ordered: Ultram and Prilosec, and request for epidural injection. On August 06, 2015 a request was made for Nexium 40mg #30 which was non-certified by Utilization Review on August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Nexium 40mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Nexium is not medically necessary.