

Case Number:	CM15-0021431		
Date Assigned:	02/11/2015	Date of Injury:	09/13/2001
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old male who reported an injury on 09/13/2001, due to an unspecified mechanism of injury. On 01/12/2015, he presented for a follow-up evaluation. He reported pain in the low back, mostly in axial in nature, aggravated by attempts to strain or extend the lower back. His medications included Norco 10/325 mg up to 4 a day, Percocet 10/325 mg twice a day, Cialis 10 mg 1 half to 1 daily as needed, Soma 350 mg 1 to 2 tabs every at bedtime, Prilosec 20 mg 1 to 2 daily as needed and Lexapro 20 mg 1 tab daily. A physical examination showed tenderness to the lumbar spine bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles, and he had decreased range of motion with obvious muscle guarding. Deep tendon reflexes were a 2/4 in the patella and a 1/4 in the Achilles, and strength was a 5/5 with the exception of bilateral ankle flexion, ankle extension and great toe extension, which was 4/5. Sensation was decreased at the L5-S1 bilaterally; straight leg raise was positive causing radicular symptoms to both lower extremities. He was diagnosed with lumbar spine strain and strain syndrome, status post lumbar fusion, postlaminectomy syndrome, bilateral lower extremity radicular, history of gastritis, reactionary depression and anxiety, medication induced lethargy, status post anterior lumbar interbody fusion and posterior fusion, erectile dysfunction and abdominal wall hernia. The treatment plan was for Nexium 40 mg. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy or that he had complained of GI upset due to his medication use. Also, he was not noted to be at high risk for gastrointestinal events. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.