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| Case Number: | CM15-0025601 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 11/08/2010 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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

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 37 year old male who sustained an industrial injury on 01/18/10. He reports back and shoulder pain. Treatments to date include medications, cervical fusion, lumbar fusion, left shoulder surgery, and physical therapy. Diagnoses include status post anterior cervical discectomy and fusion, status post lumbar decompression and fusion, and bicipital tendon tear left shoulder. In a progress noted dated 09/09/14 the treating provider recommends an orthopedic surgeon consultation, MRI of the right shoulder, and continued medication, including Ambien, fluoxetine, Cymbalta, cyclobenzaprine, Percocet, Nexium,, mirtazapine, novolog flexpen, levemir flexpen, Zocor, and Pepcid. On 01/21/15 Utilization Review non-certified the Nexium, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium (Esomeprazole) 40mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in his neck, left shoulder and lower back. The request is for NEXIUM ESOMEPRAZOLE 40MG #30. The patient is taking Ambien, Fluoxetine HCL, Cymbalta, Cyclobenzaprine, Percocet, Nexium, Mirtazapine, Novolog Flexpen, Levemir Flexpen, Zocor and Pepcid. The patient has been utilizing Nexium since at least 12/19/13. One of the diagnoses on 09/09/14 is Gastritis. MTUS guidelines page 69 recommend prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, cortcosteroids, and/or an anticoagulant; etc. In this case, the review of the reports does not show that the patient has been on any NSAIDs and there is no request for NSAIDs. The patient is under 65 years of age. However, the treater provides a clear diagnosis of Gastritis that the patient would require prophylactic use of a PPI. The request IS medically necessary.