

Case Number:	CM15-0068989		
Date Assigned:	04/16/2015	Date of Injury:	12/09/2011
Decision Date:	05/15/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 42 year old female who sustained an industrial injury on 12/09/2011. Diagnoses include chronic cervical pain, status post C5-C7 anterior cervical disc fusion, bilateral carpal tunnel syndrome, worse on the right than the left, cervical radiculopathy left C5-C6 confirmed by electromyography study, thoracic sprain/strain and dyspepsia. Treatment to date has included surgery, diagnostic studies, medications, and activity modifications. A physician progress note dated 03/06/2015 documents the injured worker has complaints of continued neck pain and right hand pain rated as a 4-4 on the Visual Analog Scale without medications and a 0 of the Visual Analog Scale with medications. Spurling's test on the right shows pinching throughout the cervical region and into the right trapezius which results in numbness in the right upper extremity. The injured worker will discontinue the Protonix and will be started on Nexium for her ongoing complaints of dyspepsia as the Protonix was not longer effective. Treatment requested is for Nexium (Esomeprazole) 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium (Esomeprazole) 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and cardiovascular risk Page(s): 69-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was a reported "dyspepsia", which is why Protonix was recommended preceding the request for Nexium to replace the Protonix due to ineffectiveness to relieve the dyspepsia. However, there no other explanation as to why the worker was taking a PPI, but for symptomatic relief. There was no evidence found in the notes to suggest this worker was at an increased risk of gastrointestinal events to justify ongoing PPI use, regardless of its effectiveness on dyspepsia symptoms. Also, the worker had been using NSAIDs chronically, which is not indicated for the diagnoses listed, and considering the side effects it may be producing as well as the long-term risks, the NSAID is not recommended, in the opinion of the reviewer and therefore, the Nexium would not be indicated. Considering all of the above, the request for Nexium will be considered medically unnecessary.