

<b>Case Number:</b>	CM15-0074607		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/06/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 57 year old male who sustained a work related injury March 6, 2000. Past history included s/p ACDF (anterior cervical discectomy and fusion) at C5-6 and C6-7, laminectomies of C3-7 with posterior spinal fusion of C3-4 through C4-5. According to a treating physician's progress report, dated March 9, 2015, the injured worker presented with chronic pain in the neck and back. MRI of the neck shows previous surgeries also moderate left uncovertebral hypertrophic changes and left neural foraminal stenosis, cord atrophy, and focal myelomalacia. Diagnoses are documented as lumbago, low back pain; cervical pain, cervicgia; myofascial pain syndrome/fibromyalgia. Treatment plan included drug screen, recommendation to continue with exercises, and request for authorization for Nexium and Zantac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300mg, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Zantac is a H2-Blocker which is used to treat gastritis/peptic ulcer disease, acid reflux, or dyspepsia from NSAIDs. As per MTUS chronic pain guidelines, medications such as H2 blockers are recommended in patients on NSAIDs with dyspepsia or are at high risk of GI bleed. Patient is Naproxen. Patient has "nausea" but it is not clear from poor documentation that it is related to dyspepsia or opioid use. Patient is also on Nexium in combination with Zantac which is redundant without appropriate documentation. The number of refills in this prescription is inappropriate. Zantac is not medically necessary.

**Nexium 40mg, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Nexium is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidelines, a PPI is recommended in patients on NSAIDs with dyspepsia or are at high risk of GI bleed. Patient has "nausea" but it is not clear from poor documentation that it is related to dyspepsia or opioid use. Patient is also on Zantac in combination with Nexium which is redundant without appropriate documentation. The number of refills in this prescription is inappropriate. Nexium is not medically necessary.