

Case Number:	CM15-0079089		
Date Assigned:	04/30/2015	Date of Injury:	04/20/2001
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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, North Carolina
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 69 year old female with an industrial injury dated 04/20/2001. Her diagnoses included lumbago, lumbar degenerative disc disease, bulging lumbar disc, post laminectomy syndrome and sciatica. Prior treatment included TENS unit and medications. She presents on 03/25/2015 with complaints of low back pain and lower extremity cramping and muscle spasms. She stated good relief with use of TENS unit but symptoms returned when TENS unit was discontinued. She also notes issues with insomnia. She states 50% relief of chronic pain with use of Norco 6 per day. The provider notes she continues to need her Nexium in order to take all of her pain medications as she has gastrointestinal issues. Physical exam noted slow non antalgic gait. She was able to toe and heel stand. The treatment plan included medication for sleep, continue medication for stomach protectant and to use TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esomeprazole Mag 40 mg Day supply:30 Qty: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section Page(s): 68.

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

Decision rationale: The request is for Nexium to be given prophylactically to prevent GI symptoms. MTUS Chronic pain Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk of GI events with NSAID use. The patient's records do not document dyspepsia, past history of GI bleed, PUD, perforation, concomitant use of ASA, steroids or anticoagulants or use of high dose/multiple NSAIDs. The documentation available for review reveals that the patient is not at risk for GI events and that the patient's provider is no longer requesting Nexium for this patient. Therefore the request for Nexium is not medically necessary.