

Case Number:	CM15-0079741		
Date Assigned:	04/30/2015	Date of Injury:	04/03/2013
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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 York, West Virginia, Pennsylvania
 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 49 year old male, who sustained an industrial injury on April 3, 2013. He reported work related continuous trauma. The injured worker was diagnosed as having hypertension, history of alcohol abuse with abnormal liver function tests, gastro esophageal reflux disorder (GERD), obesity, elevated glucose rule out diabetes, and history of multiple orthopedic-related health issues. Treatment to date has included electromyography (EMG)/ nerve conduction velocity (NCV), MRI, and medication. Currently, the injured worker complains of low back complaints. The Treating Physician's report dated March 30, 2015, noted the injured worker's current medications as Metoprolol, hydrochlorothiazide, and Prevacid. The treatment plan was noted to include a recheck of liver tests, continue antihypertensive medication and weight loss program, and Omeprazole, Voltaren gel, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: Guidelines recommend proton pump inhibitors in patients taking NSAIDs who are at moderate to high risk for gi complications. In this case, the patient has been diagnosed with GERD and omeprazole has been approved with this review. The request for a 2nd PPI, namely Nexium, is not medically appropriate and necessary.