

Case Number:	CM15-0096532		
Date Assigned:	05/26/2015	Date of Injury:	04/09/2008
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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, Hawaii
 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 61 year old female who sustained an industrial injury on 04/09/2008 resulting in neck and low back pain. Treatment provided to date has included: conservative therapies, medications, lumbar injections (4), cervical radiofrequency neurotomy (4), lumbar facet blocks, and cervical facet blocks. Diagnostic tests performed include: MRI of the lumbar spine (05/23/2008) showing multilevel degenerative disc disease, mild facet arthropathy throughout the lumbar spine, and disc protrusion at L5-S1; MRI of the cervical spine (12/02/2009) showing multilevel disc-osteophyte formations, mild to moderate central canal narrowing, and hypertrophic facet arthropathy; and electrodiagnostic and nerve testing (04/09/2008) which was unremarkable. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/21/2015, physician progress report noted complaints of ongoing neck and low back pain. Pain is rated as 85 (0-10) in severity. Additional complaints include fair sleep quality, numbness and tingling, heartburn and indigestion, anxiety, depression, poor concentration, and flank pain. The injured worker denied any new injuries or trying any other treatments for reducing pain, and she also reported decreased activity levels. Current medications include Lyrica, Voltaren gel, Lunesta, Nexium, Celebrex and Percocet. The injured worker reports that she is not able to do activities. The physical exam revealed restricted range of motion (ROM) in the cervical and lumbar spines, tightness in the paravertebral muscles of the cervical spine bilaterally, tenderness to palpation of the paravertebral muscles in the lumbar spine bilaterally, and ankle jerk of 2/4 on the right side with 1/4 on the left side. The provider noted diagnoses of cervical pain, lumbar radiculopathy, lumbar spine degenerative disc disease,

low back pain, lumbar region sprain. Plan of care includes continued medications, sleep study, cervical radiofrequency ablation, and follow-up. The injured worker's work status permanent and stationary and not working. Requested treatments include Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR 40mg capsule #30, 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

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

Decision rationale: The patient presents with diagnoses of cervical strain with underlying C-spinal stenosis and spondylosis, lumbar disc herniation with lumbar spinal stenosis and bilateral lower extremity radiculitis and radiculopathy, gastrointestinal pathology, psychiatric injury. The patient currently complains of neck pain, lower backache and left shoulder pain. The current request is for Nexium DR 40mg capsule #30, 3 refills. Nexium (esomeprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. The treating physician indicates on 4/21/15 (168B) that the patient suffers from heartburn and indigestion. The diagnosis documented states that "industrially caused worsening of previously existing GI pathology." The physician recommends to "Continue Nexium at 40mg QD (as she notes 40mg more effective) for GI upset, patient with past history of GI upset from medication use, Nexium was recommended by gastroenterologist to address her stomach discomfort. Per patient this medication is effective for her GI upset." MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. MTUS further states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician clearly documents the patient has GI complaints due to NSAID use, the patient is currently prescribed Celebrex. The current request is medically necessary and the recommendation is for authorization.