

<b>Case Number:</b>	CM13-0039206		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of May 21, 2009. A utilization review determination dated September 12, 2013 recommends non-certification of Rulox and certification of Norco. A progress report dated November 14, 2013 includes subjective complaints indicating that the patient's low back pain is only slightly improved after an epidural injection. The patient continues to have left knee pain after the left leg is giving out due to radiculopathy. Objective examination findings identify tenderness to palpation in the neck, positive sitting straight leg raise, positive supine straight leg raise, and well healed scars related to a vein stripping procedure. Diagnoses include lumbar spine discopathy, lower extremity radiculitis, cervical spine strain, and varicose veins bilaterally. Treatment plan recommends a home exercise program, consultation with [REDACTED], and "Rulox EC 20 mg for treatment of stomach acid." A progress report dated May 30, 2013 indicates that the patient is taking omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rulox EC 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=69e738fc-ab0b-4236-b486-ad9d7b2c6960>.

**Decision rationale:** Regarding the request for Rulox, California MTUS guidelines and ODG do not contain criteria for the use of this medication. A search of the Internet reveals that this medication is used as an antacid and anti-gas medication. Within the documentation available for review, the requesting physician has identified no subjective complaints regarding heartburn or indigestion, and no complaints have been documented regarding excessive gas production. In the absence of such documentation, the currently requested Rulox is not medically necessary.