

<b>Case Number:</b>	CM13-0048733		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Occupational Medicine, 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of October 18, 2008. The applicant has been treated with the following: Analgesic medications; prior lumbar laminectomy surgery; muscle relaxants; unspecified amounts of psychotherapy; and a TENS unit. In a utilization review report of October 24, 2013, the claims administrator denied a request for AcipHex. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2013, the applicant receives refills of Norco, Xanax, and Flexeril for ongoing issues with chronic low back pain radiating to the bilateral legs, 6/10. A request for authorization for AcipHex is made on October 16, 2013. No clinical progress notes were attached to the request for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD), Ann Arbor (MI): University of Michigan Health system; 2012 May 12 p.(11 references

**Decision rationale:** Please reference the following citation: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a proton pump inhibitor." As noted on page 69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as AcipHex can be employed in the treatment of Nonsteroidal anti-inflammatory drugs (NSAID) induced dyspepsia. In this case, however, there is no clear evidence of dyspepsia, reflux, and/or heartburn for which ongoing usage of AcipHex will be indicated. The applicant's attorney did not attach any rationale to the application for independent medical review. Similarly, the attending provider did not attach any rationale or narrative alongside the request for authorization for AcipHex. Therefore, the request remains non-certified owing to lack of supporting documentation.