

Case Number:	CM13-0060977		
Date Assigned:	12/30/2013	Date of Injury:	11/03/1993
Decision Date:	04/09/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine; Pulmonary Diseases 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 patient is a 72-year-old male who sustained an unspecified injury on 11/03/1993. The patient was evaluated on 11/26/2013 for a followup. The documentation submitted for review indicated the patient had a history of GERD. The assessment was noted as multilevel degenerative disc disease and facet arthropathy status post anterior cervical discectomy and fusion with cervical neck pain, gait abnormality with impaired balance and proprioception, thoracic outlet syndrome, depression, and gastroesophageal reflux. The treatment plan included medications of hydrocodone/acetaminophen 10/325 three times a day as needed for pain, MS Contin 15 mg every 8 hours, Cymbalta 60 mg twice a day, Gabapentin 600 mg 2 tablets 3 times a day, baclofen 10 mg 3 times a day as needed for spasticity, pantoprazole daily, and Compazine 10 mg 4 times a day as needed for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg by mouth 2 x day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: The request for Aciphex 20mg by mouth 2 x day #60 is non-certified. The documentation submitted for review indicated the patient suffered from GERD. The California MTUS Guidelines recommend that use of a proton pump inhibitor for patients at intermediate risk for a gastrointestinal event. However, the documentation submitted for review did not indicate that AcipHex is part of the treatment plan. Furthermore, the documentation indicated the patient was taking pantoprazole, which is a proton pump inhibitor. There was no indication submitted for review as to the need for a second proton pump inhibitor. Given the information submitted for review, the request for Aciphex 20mg by mouth 2 x day #60 is non-certified.