

<b>Case Number:</b>	CM14-0104155		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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/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:

According to the records made available, the injured worker (IW) is a 47 year old with a date or mechanism of injury that is not stated in the medical record. She underwent a right L4 hemilaminectomy, L4-5 lumbar microdiscectomy and nerve root exploration on 04/06/2010. After this surgery, she continued to seek medical care for chronic pain in her back and legs. She had been treated with pain medication including vicodin as documented in the clinical notes dated 02/23/2011 for symptoms of crampy abdominal pain. She was diagnosed with abdominal pain of unknown etiology at that time. She has documented a long history of gastrointestinal complaints and symptoms of chronic abdominal pain and nausea and vomiting included in clinical notes dated 08/03/2011 and 02/03/2013. She had an esophagogastroduodenoscopy (EGD) performed on 02/24/2011 in which a gastric biopsy was performed which showed evidence of a mild chronic superficial gastritis. The small intestine was within normal limits. There is no documentation in the medical record of chronic use of Non-steroidal antiinflammatory medication (NSAID) use or any documented history of peptic ulcer disease or of a GI bleed. On a clinical note dated, 02/03/2013 which commented only that she had "a lot of stomach problems" thought to be due to medication such as vicodin. It is documented in that note that she is currently taking Zantac- 150 mg/day since 2010, Protonix- 40 mg/day since 12/12/2012 and Carafate as needed for stomach upset. There is no documentation as to how she has responded clinically to this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and cardiovascular risk Page(s): Pages 68 and.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section Low back pain, NSAIDs and GI symptoms Page(s): 67-68.

**Decision rationale:** MTUS reference to the Chronic Pain Medical Treatment guidelines identifies that there are specific risk factors to determine if a patient is at risk for gastrointestinal events. These risk factors include (1) age > 65 years old, (2) a history of peptic ulcer disease, GI bleeding or perforation, (3) concurrent use of aspirin, corticosteroids or anticoagulant medications, or (4) high dose/multiple NSAID use. Only in patients with at least an intermediate risk for GI events are medications such as Proton Pump Inhibitors (PPI) recommended. The injured worker in this case has no specific risk factors for GI complaints but only has a vague diagnosis documented several years ago of abdominal pain of unclear etiology (clinical note dated 02/27/2011). The only specific diagnosis of mild chronic superficial gastritis was diagnosed by an EGD and gastric biopsy which was performed on 02/24/2011. There is also no clinical plan for duration of therapy for treatment with Aciphex given in the medical record. Therefore, based on the guidelines and on the review of the evidence, the request for treatment with Aciphex is not medically necessary.