

<b>Case Number:</b>	CM14-0031800		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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 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:

The claimant was injured on 02/14/08. The medication AcipHex is under review. She injured her low back and was diagnosed with lumbar radicular pain. On 02/05/14, she saw [REDACTED]. She complained of back pain. She had a history of constipation. She was on multiple medications including AcipHex that she took 1-3 times a day as needed. Her abdomen was not examined. Her diagnoses included lumbar radiculopathy and degenerative disc disease. She declined epidural steroid injections and wanted to have surgery. She wanted to see the GI specialist to discuss constipation and acid reflux. She received medication refills. On 01/08/14 she still had constipation. She was still using AcipHex. She saw [REDACTED] on 11/13/13. She reported more acid reflux since the last visit. She was to see [REDACTED] for the symptoms. She received AcipHex again. On 10/16/16, she was seen again and reported constipation and GI upset. She was in no acute distress. She was still following up with the GI doctor. She received AcipHex again. It appears that she has been taking it for a prolonged period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACIPHEX 20 MG TAB TAKE 1-3 A Day As Needed Quantity 75 Rx Date: 12-11-13:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The MTUS Chronic Pain Guidelines state, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." In this case, there is no clear documentation of GI conditions or increased risk to support the use of this medication. The claimant continued to report symptoms of acid reflux/GI distress on several occasions despite the use of this medication and she was to follow up with the GI specialist but there is no evidence that she did. There is no documentation of benefit to her of this medication, including symptom relief/improved functionality. The medical necessity of this request has not been clearly demonstrated.

**ACIPHEX 20 MG TAB TAKE 1-3 A Day As Needed Quantity 75 Rx Date: 1-8-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The MTUS Chronic Pain Guidelines state, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." In this case, there is no clear documentation of GI conditions or increased risk to support the use of this medication. The claimant continued to report symptoms of acid reflux/GI distress on several occasions despite the use of this medication and she was to follow up with the GI specialist but there is no evidence that she did. There is no documentation of benefit to her of this medication, including symptom relief/improved functionality. The medical necessity of this request has not been clearly demonstrated.

**ACIPHEX 20 MG TAB TAKE 1-3 A Day As Needed Quantity 75 Rx Date: 2-5-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The MTUS Chronic Pain Guidelines state, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." In this case, there is no clear documentation of GI conditions or increased risk to support the use of this medication. The claimant continued to

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