

Case Number:	CM14-0032968		
Date Assigned:	04/18/2014	Date of Injury:	01/17/1995
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal 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 patient is a 48 year old male who was injured on 01/17/1995. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing extensive lumbar spinal surgery, hardware replacement and subsequent removal. Diagnostic studies reviewed include a urine toxicology report dated 12/11/2013 showing positive results for the detection of Norco and nortriptyline. The patient's medications include: OxyContin, Provigil, Aciphex, Wellbutrin, Cymbalta, Lorazepam, and Norco. A progress note dated 03/19/2014 documented the patient's pain level to be 9-10 without medications. When the patient takes his medications his pain level is 3-4, which is manageable by the patient. The patient is with ongoing pain, on maintenance medications. The patient requires treatment with [REDACTED] to cope with pain and situational depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACIPHEX 20MG TABS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Aciphex (Rabeprazole) as a proton pump inhibitor is recommended for patients at intermediate and high risk of gastrointestinal events with no cardiovascular disease. The medical records do not indicate that the patient has a higher than normal risk for upper intestinal bleeding and no documentation of non-steroidal anti-inflammatory drug administration to increase the probability of the patient developing gastritis or ulceration of the stomach. On the other hand, long-term PPI use has been shown to increase the risk of hip fracture. Therefore the request is not medically necessary and appropriate.