

Case Number:	CM14-0074557		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2000
Decision Date:	09/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation 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 78 year old male who was injured on 10/02/2000. The mechanism of injury is unknown. He has been treated conservatively with physical therapy. Progress report dated 04/22/2014 documented the patient to have complaints of a flare-up on the left side of his neck and left shoulder pain. He has had 12 sessions of completed physical therapy and found them to be somewhat helpful. He rated his shoulder pain an 8/10 and his neck pain a 9/10. He reported associated symptoms of burning in his neck and dyspepsia as a side effect from the medication. He noted that he occasionally uses Norco as it helps with the pain and improve his function by 50% and reduce his pain by 50%. On exam, he noted with his medications, his pain level is a 7-8/10 and without medications it is a 10/10. His neck range of motion is limited with rotation to the left at 40 degrees and extend to 10 degrees. Cervical compression causes neck pain without radiation. There is rigidity across the cervical paraspinal and cervical trapezius muscles bilaterally suggesting muscle spasm with loss of cervical lordotic curvature. The right shoulder exam reveals limited range of motion. He can laterally abduct to 90 degrees; full forward flex to 90 degrees; extend to 30 degrees; internally and externally rotate 30 degrees with a positive impingement sign. He does have crepitus on circumduction passively of the shoulder joint. He is diagnosed with status post anterior cervical discectomy and fusion x3 with ongoing neck pain and myofascial pain; right shoulder tendinopathy; lumbar spinal stenosis with right leg radiculopathy and a history of tendinopathy in the left shoulder as well. His recommendation included decreasing his Lyrica to 50 mg for neuropathic burning pain in his shoulder; his Aciphex was refilled at 20 mg daily for dyspepsia and Dexilant 60 mg daily to offset dyspepsia side effect until Aciphex is approved. Prior utilization review dated 05/02/2014 states the request for Aciphex 20mg, #30 is not certified as Aciphex is a second line treatment and it is not documented that the patient failed first line treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs): ODG/Pain.

Decision rationale: According to the CA MTUS, "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. Per guidelines PPI medications such as Aciphex may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Initial treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI if the first line treatment fails. In this case, there is no evidence of trial of first line therapy. Thus the medical necessity of this request is not established per guidelines. Therefore, the request is not medically necessary.