

<b>Case Number:</b>	CM14-0085974		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 records presented for review indicate that this 66 year-old individual was reportedly injured on December 31, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of low back and bilateral knee pain. The physical examination demonstrated deformity of the digits of the left hand, paravertebral muscle tenderness in the lumbar spine, muscle spasm in the lumbar region, and a reduced range of motion. Motor function is reported to be f4/5 and sensation is reduced. Diagnostic imaging studies were not reviewed. Previous treatment includes a total knee replacement surgery. A request had been made for medications and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex EC 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As noted in the MTUS, this medication is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease. This can also uses a gastric protectant those individuals utilizing non-steroidal medications. However, when noting the date of injury, the injury sustained, the current clinical assessment and given the fact that there were no complaints registered by the injured employee relative to the gastrointestinal system there is no clinical indication presented for this medication. It is noted that the non-steroidal medications avenue for quite some time and without any objective symptomology relative to the gastrointestinal tract, there is no medical necessity for this medication.