

<b>Case Number:</b>	CM14-0201876		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 45 year-old male with a 1/20/2011 date of injury. He was working as a Parole Agent and was slammed into a parked car and injured his lower back. He has been off work since 3/8/2011. The accepted body regions are listed as low back, soft tissue neck, multiple upper extremities; internal organs, heart. The records provided for review include the 10/22/14 occupational/internal medicine QME report lists the diagnoses as: status post work-related injury; orthopedic diagnosis deferred to treating physician; GERD, controlled; IBS controlled; status post H.pylori eradication; hypertension with left ventricular diastolic dysfunction, controlled; hyperlipidemia-non-industrial. The physician recommended avoiding NSAIDs and continue with GERD/IBS diet and to continue with Dexilant 60mg daily and use of Acigone on an as needed basis. On 11/3/14 Utilization Review approved Dexilant but denied the use of Acigone, stating it was a duplicate medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acigone (in bottles) #3:** Overturned

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

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

**Decision rationale:** The patient is a 45 year-old male with an accepted 1/20/2011 industrial injury involving his low back, soft tissue neck, multiple upper extremities; internal organs and heart. The records provided for review include the 10/22/14 occupational/internal medicine QME report lists the diagnoses as: status post work-related injury; orthopedic diagnosis deferred to treating physician; GERD, controlled; IBS controlled; status post H.pylori eradication; hypertension with left ventricular diastolic dysfunction, controlled; hyperlipidemia-non-industrial. The physician recommended avoiding NSAIDs and continues with GERD/IBS diet and to continue with Dexilant 60mg daily and use of Acigone on an as needed basis. This review is for use of Acigone (in bottles) #3. MTUS Chronic Pain Medical Treatment Guidelines Pg. 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The patient has history of H.pylori, treatment and GERD and IBS. The occupational/internal medicine QME recommended stopping all NSAIDs and to continue daily use of Dexilant as a PPI, and to use the Acigone on an as needed basis. The request for Acigone, appears to be in accordance with the MTUS guidelines for managing the patient's accepted claim for GERD, IBS and H.pylori/ulcer. The request for Acigone (in bottles), #3 is medically necessary.