

<b>Case Number:</b>	CM15-0105500		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/28/1996
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 51 year-old female who sustained an industrial injury on 10/28/96. Initial complaint and diagnoses are not available. Diagnoses to date include right shoulder impingement syndrome, anterior subluxation of the right sternoclavicular joint, cervical spine sprain/strain, cervical radiculopathy, cervical facet arthropathy, thoracic disc protrusion, lumbar spine sprain/strain, bilateral lumbar facet arthropathy, sacroiliac joint arthropathy, major depression disorder single episode - moderate with anxiety, and sleep disorder insomnia type due to chronic pain and stress. Diagnostic testing and treatments to date have included MRI, urinalysis drug screen, epidural steroid injections, psychiatric treatment, antidepressant medication, and topical/oral pain medication management including non-steroidal anti-inflammatory medication. In an available progress note dated 05/01/15, review of systems/gastrointestinal examination is not addressed. The injured worker has a history of gastroesophageal reflux disease. Requested treatments include 90 Rabeprazole 20 mg. The injured worker is under temporary total disability. Date of Utilization Review: 05/22/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Rabeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 1996 and continues to be treated chronic widespread pain including right shoulder pain with a diagnosis of impingement syndrome and acromioclavicular joint arthropathy with subluxation of the right sternoclavicular joint. Medications being prescribed are Neurontin, Wellbutrin, Ativan, Effexor, and Prilosec. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of rabeprazole (Aciphex) was not medically necessary.