

Case Number:	CM15-0135942		
Date Assigned:	07/23/2015	Date of Injury:	08/21/2001
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57-year-old female who sustained an industrial injury on 8/21/01. The mechanism of injury was unclear. She currently complains of achy, tingling neck, carpal tunnel and low back pain; achiness of the shoulders, wrists and ankles; numbness and stabbing pain in the wrists and feet; acid indigestion and constipation (per 6/25/15 note). The patient has had history of GI upset. Her pain level was 7/10 with medications and 8-10/10 without medications. On physical exam of the lumbar spine, there was tenderness over the paraspinals and sacroiliac joints, pain with range of motion, positive straight leg raise; cervical spine revealed moderate diffuse tenderness of the posterior neck with decreased range of motion, positive Spurling's test bilaterally; bilateral upper extremities reveal positive Tinel's sign. Medications were Voltaren, Flexeril, Tramadol, Lidoderm 5% patch, amitriptyline, aciphex, Colace, Tramadol, and Celebrex. Diagnoses include degeneration of cervical intervertebral disc; carpal tunnel syndrome; dysthymic disorder; muscle pain; lumbar degenerative disc disease; lumbar radiculopathy; cervical radiculopathy; chronic pain syndrome; gastroesophageal reflux disease; constipation associated with opioid use. Treatments to date include physical therapy for neck and low back with benefit regarding pain relief (60%); home exercise program; medications; right wrist brace; cervical epidural steroid injection with benefit; transcutaneous electrical nerve stimulator unit. Diagnostics include cervical MRI (6/15/15) showing disc bulge, disc protrusion. In the progress note, dated 6/25/15 the treating provider's plan of care includes a request for aciphex 20 mg #30 with three refills as it helps with gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg, #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPI) Page(s): 48. Decision based on Non-MTUS Citation ODG-Treatment (Chronic) PPI.

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

Decision rationale: Aciphex 20mg, #30 with 3 refills. Aciphex contains rabeprazole which is a proton pump inhibitor (PPI) used for decreasing acid secretion in the stomach. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Medications were Voltaren, Flexeril, Tramadol, Lidoderm 5% patch, amitriptyline, aciphex, Colace, Tramadol, and Celebrex. The patient has had history of gastroesophageal reflux disease. Patient has had complaints of acid indigestion and constipation (per 6/25/15 note). Therefore, there are significant GI symptoms, along with NSAID use. The request for Aciphex 20mg, #30 with 3 refills is medically necessary and appropriate for this patient.