

Case Number:	CM15-0146708		
Date Assigned:	08/07/2015	Date of Injury:	01/27/2000
Decision Date:	09/04/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/28/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55-year-old male who sustained an industrial injury on January 27, 2000. The worker is employed as a painter who has settled his claim with future medical care. An orthopedic follow up visit dated May 07, 2012 reported subjective complaint of persistent low back pain with radiation down the legs and accompanied by weakness, numbness and tingling. The pain awakens him throughout the night. He states using a transcutaneous nerve stimulator unit with offers temporary relief. He is getting worse and has no power in his legs. He states that Nucynta is causing nausea, vomiting and dizziness. He is requesting to get Ibudone 5mg 200 mg instead. Objective findings showed lumbar flexion at 45 degrees, extension is 10 degrees, lateral tilting is 10 degrees and rotation is 60% of normal. He has numbness and tingling with pinwheel examination on left L5-S1 dermatome. The following diagnoses were applied: lumbosacral sprain with sciatica status post anterior instrumentation and fusion, and cervical sprain with no particular treatment, and thoracic sprain. The plan of care noted previous medication requests not authorized timely and today the medications noted refilled: Flexeril, Topamax, Dendracin lotion, Diclofenac Sodium, Prilosec, and Synovacin. He will follow up in 6 weeks. There is recommendation for electronic nerve conduction study of bilateral lower extremity. He may continue working regular painter duty. A recent primary treating follow up dated June 23, 2015 reported subjective complaint of ongoing back pain with spasms. Of note, most of the requested medications noted unauthorized except Effexor, which he does not wish to take. In addition, a request for a transcutaneous nerve stimulator unit noted with denial along with hot and cold wrap and a back brace. The treating diagnoses were: discogenic lumbar

condition, status post fusion at L5-S1 with radiography confirmed bulging at L4-5, and L3-4, and due to chronic pain, he is with weight loss, sleep and depression issues. The plan of care noted prescribing Norco 10mg 325mg, Flexeril, Nalfon, and Aciphex and Lisinopril.

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

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

Decision rationale: According to MTUS guidelines, Aciphex, as well as other proton pump inhibitors, is recommended when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Furthermore, there is no documentation that the patient is currently taking NSAIDs. Therefore, the request for Aciphex 20 mg #30 is not medically necessary.