

Case Number:	CM15-0147573		
Date Assigned:	08/10/2015	Date of Injury:	04/21/2000
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female, who sustained an industrial injury on 4-21-2000. The injured worker was diagnosed as having discogenic cervical condition, impingement syndrome of the left shoulder, carpal tunnel syndrome bilaterally, cubital tunnel syndrome, and epicondylitis and tenosynovitis of the forearms bilaterally. Treatment to date has included diagnostics, multiple shoulder surgeries, epidural steroid injections, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of persistent neck and shoulder pain. She was retired and utilized medication to be functional. Her history included diabetes and hypertension. Medication included Norco. Also requested was Naproxen for inflammation, Aciphex for gastritis, Flexeril for spasm, and Tramadol ER for pain. Prior progress notes referenced the use of Protonix. Gastrointestinal symptoms were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for rabeprazole (AcipHex), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, or is at risk for gastrointestinal events with NSAID use. As such, the currently requested rabeprazole (AcipHex) is not medically necessary.