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| Case Number: | CM15-0164022 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 01/13/2013 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 1-13-2013. The injured worker has been diagnosed of discogenic cervical condition, left shoulder impingement, and element of chronic pain syndrome associated with sleep disorder, stress, and depression. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, cortisone injection, and medications. The use of Protonix was noted in 1-2015. A progress report (2-24-2015) noted gastrointestinal symptoms. On 6-16-2015, it was documented that she was going to see someone regarding her gastroesophagel reflux disease. She reported taking medication only when she was home because it caused upset stomach and drowsiness. The treatment plan included Aciphex for gastritis. Other medications included Tramadol ER, Naproxen, Trazadone, and Effexor. She was retired. On 7-21-2015, she complained of ongoing headache, as well as shoulder pain. Gastrointestinal complaints were not noted. The treatment plan included the continued use of Aciphex for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Appendix A, ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 1-13-2013. The medical records provided indicate the diagnosis of discogenic cervical condition, left shoulder impingement, and element of chronic pain syndrome associated with sleep disorder, stress, and depression. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, cortisone injection, and medications. The medical records provided for review do not indicate a medical necessity for Aciphex 20mg QTY: 30.00 Rabeprazole (Aciphex) is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors; determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records indicate that this injured worker on Naproxen is being treated with Aciphex, a proton pump inhibitor. Aciphex is not regarded as a first line proton pump inhibitor by the Official Disability Guidelines. This guidelines recommends that drugs that are not listed as first line medications can only be used if there is a documentation explaining why first line medications cannot be used. Since there is no such documentation, the requested treatment is not medically necessary.