

Case Number:	CM15-0190693		
Date Assigned:	10/05/2015	Date of Injury:	02/16/2005
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 02-16-2005. The injured worker is currently working full time without restrictions. Medical records indicated that the injured worker is undergoing treatment for status post removal of posterior hardware and revision decompression, status post L4-L5 laminectomy-discectomy, degenerative disc disease at L5-S1 with persistent low back pain, left lower extremity radiculopathy, status post lumbar fusion surgery, and bilateral knee pain. Treatment and diagnostics to date has included lumbar spine surgeries, physical therapy, acupuncture, bilateral knee injections, and medications. Current medications include Norco, Gabapentin, Ibuprofen, Laxacin, and Aciphex (20mg to use as needed "for gastrointestinal symptoms caused by anti-inflammatory"). After review of progress notes dated 07-23-2015 and 09-03-2015, the injured worker reported bilateral knee pain and low back pain stating that "Ibuprofen has been helpful for his low back pain but has not improved his knee pain". The injured worker rated his pain a 6 out of 10 on the visual analog scale with use of medication and 10 out of 10 without medication. Objective findings included an antalgic gait, bilateral lumbar paraspinous tenderness from L4-S1 with muscle spasms, and tenderness to palpation over inferior portion of both knees with swelling and limited range of motion. The Utilization Review with a decision date of 09-16-2015 non-certified the request for Aciphex 20mg #30.

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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitor (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The request is for ACIPHEX 20MG #30. Patient is status post multiple lumbar spine surgeries, the latest in November 2012. Physical examination to the lumbar spine on 09/03/15 revealed tenderness to palpation to the paraspinals from L4 to S1 with spasm. Range of motion was noted to be decreased. Patient's treatments have included medication, physical therapy, and acupuncture with benefits. Per 07/23/15 progress report, patient's diagnosis include status post removal of posterior hardware and revision decompression in November 2012, status post L4-L5 laminectomy/discectomy performed on August 14, 2006, degenerative disc disease at L5-S1 with persistent low back pain, left lower extremity radiculopathy, status post lumbar fusion and surgery on November 4, 2009, right greater than left knee pain most likely secondary to altered gait, symptoms of erectile dysfunction following lumbar spine surgeries, low testosterone level per lab studies performed on October 15, 2014. Patient's medications, per 06/30/15 progress report include Norco, Aciphex, and Gabapentin. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "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 ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In progress report dated 09/03/15, the treater is requesting authorization for Aciphex to be used as needed for patient's GI symptoms caused by the anti-inflammatory medication. Review of the medical records provided indicate that the patient has been utilizing Aciphex since at least 04/01/15. However, the treater has not documented the efficacy of this medication and functional improvement. Furthermore, even though the records indicate that the patient has been utilizing NSAIDs (Ibuprofen), the treater has not included GI assessment or complaints of GI upset, secondary to NSAID intake to substantiate such a medication. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request is not medically necessary.