

Case Number:	CM15-0199081		
Date Assigned:	10/14/2015	Date of Injury:	05/14/2010
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 36 year old female, who sustained an industrial injury on 05-14-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for discogenic lumbar condition with two level disc disease, ankle joint inflammation, patellofemoral inflammation, chronic pain, sleep disorder, and depression. Treatment and diagnostics to date has included right ankle MRI, ankle surgery, physical therapy, and medications. Recent medications have included Norco, Aciphex, Flexeril, Gabapentin, Celebrex, Lunesta, and Valium. After review of progress notes dated 07-23-2015 and 09-17-2015, the injured worker reported back pain with spasms and right ankle pain. Objective findings included tenderness across the lumbar paraspinal muscles and pain and swelling in the right ankle. The request for authorization dated 09-17-2015 requested Norco, Aciphex 20mg #30, Flexeril, and Gabapentin. The Utilization Review with a decision date of 09- 25-2015 denied 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, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 05-14-2010 . The medical records provided indicate the diagnosis of discogenic lumbar condition with two level disc disease, ankle joint inflammation, patellofemoral inflammation, chronic pain, sleep disorder, and depression. Treatment include ankle surgery, physical therapy, and medications: Norco, Aciphex, Flexeril, Gabapentin, Celebrex, Lunesta, and Valium. The medical records provided for review do not indicate a medical necessity for AcipHex 20mg, #30. The MTUS is silent on this medication; however, 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 ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The Official Disability Guidelines identify it as Rabeprazole, a proton pump inhibitor that requires pre-authorization because it is not a first line agent. The requested treatment is not medically necessary because the injured worker was no longer on NSAIDs, besides, there was no documentation of failed treatment with first line proton pump inhibitors.