

<b>Case Number:</b>	CM15-0202151		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 1-10-2012. The injured worker is being treated for discogenic lumbar condition and thoracic sprain. Treatment to date has included medications and TENS unit. Per the Primary Treating Physician's Progress Report dated 9-08-2015, the injured worker reported sitting tolerance of 20 minutes, standing tolerance of 10 minutes and walking 15 minutes. He is not doing chores around the house. He is still having a lot of gastritis. Objective findings are recorded as blood pressure 129 over 81 and pulse of 69. Per the medical records, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Per the medical records dated 6-17-2015 and 8-04-2015 he was prescribed Protonix. The notes from the provider do not document the indication for the need for a second line proton pump inhibitor. The IW is currently not working and work status is modified. The plan of care included medications and authorization was requested on 9-08-2015 for Naproxen Sodium 550mg #60, Effexor XR 75mg #60, Remeron 15mg #30, Flexeril 7.5mg #60, Neurontin 600mg #90 and Aciphex 20mg #30. On 9-16-2015, Utilization Review 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:

**1 prescription of Aciphex 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, pg 116.

**Decision rationale:** According to the MTUS guidelines, Aciphex is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Protonix the prior months. Due to prior denial, Aciphex was requested. Long-term use of PPIs is not recommended. Therefore, the continued use of Aciphex is not medically necessary.