MAXIMUS Federal Services

Case Number:	CM15-0203287		
Date Assigned:	10/20/2015	Date of Injury:	11/08/1993
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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, New York, California
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 applicant is a represented 74-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 1993. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for Aciphex. The claims administrator referenced an October 28, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant's medications include Ambien, Cymbalta, Dexilant, Lyrica, Norco, Senna, Zanaflex, and Zorvolex, it was reported, several of which were renewed and/or continued. The applicant had undergone an earlier failed lumbar spine surgery, it was reported. The applicant was asked to continue using TENS unit. The note was somewhat difficult to follow and mingled historical issues with current issues. On September 30, 2015, the applicant again reported ongoing complaints of low back pain, 7/10. Norco, Zanaflex, Senna, Cymbalta, Fortesta, Ambien, Hysingla, Zorvolex, and Lyrica were all continued. Dexilant was discontinued. Aciphex was endorsed on a trial basis. The applicant's gastrointestinal review of systems was negative, the treating provider reported. There was no seeming mention of the applicant's having issues with dyspepsia. It was not clearly stated whether the Aciphex was being prescribed for actual issues of reflux or for cytoprotective effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 MG #30 to be Filled on 10/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Yes, the request for Aciphex, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for development of adverse GI effects who, by implication, qualify for usage of proton-pump inhibitors such as Aciphex for cytoprotective effect purposes include those individuals who are 65 years of age or greater, who are using oral NSAIDs. Here, the attending provider reported on September 30, 2015 that the applicant was 74 years of age and was seemingly using Zorvolex (Diclofenac), an anti-inflammatory medication. Provision of Aciphex, a proton-pump inhibitor, was, thus, indicated for cytoprotective effect purposes, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.