

<b>Case Number:</b>	CM15-0205844		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 57 year old male who sustained an industrial injury on 9-14-10. The injured worker reported neck and low back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for discogenic cervical and lumbar condition. Provider documentation dated 9-29-15 noted the work status as permanent and stationary. Treatment has included magnetic resonance imaging, transcutaneous electrical nerve stimulation unit, back brace, chiropractic treatments, nerve studies, Ultracet since at least July of 2015 and Protonix since at least August of 2015. Objective findings dated 9-29-15 were notable for lumbar spine tenderness, "motion of the lumbar spine is affected", lower extremity weakness. The original utilization review (10-9-15) denied a request for Aciphex 20 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such, the medical records do not support a medical necessity for aciphex in the insured. The request is not medically necessary.