

Case Number:	CM15-0025544		
Date Assigned:	02/18/2015	Date of Injury:	06/09/1998
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 was a 61 year old female, who sustained an industrial injury, June 6, 1999. According to progress note of January 19, 2015, the injured workers chief complaint was lower back and neck pain that reproduces migraine like headaches and depression. The injured worker was functioning well with current medication schedule. The injured worker rates the pain 6 out of 10; 0 being no pain and 10 being the worse pain. Aciphex was due to the medications for pain upset the injured workers stomach. The use of generic was noted to result in rash and allergy. The physical exam noted tenderness to the upper extremities and shoulders and neck with palpation. The injured worker was diagnosed with depression, anxiety, lumbago low back pain, cervical pain, cervicgia, myofascial pain syndrome, fibromyalgia, lateral epicondylitis and pain in the wrist and forearm. The injured worker previously received the following treatments ambulates with a cane, Flexeril, Effexor, Tramadol and Aciphex. On December 16, 2014, the primary treating physician requested authorization for EMG/NCS (electromyography and nerve conduction studies) of the upper extremities and a prescription for Aciphex 20mg quantity 30 with 3 refills. On January 12, 2015, the Utilization Review denied authorization for EMG/NCS (electromyography and nerve conduction studies) of the upper extremities and a prescription for Aciphex 20mg quantity 30 with 3 refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that electrodiagnostic tests can be utilized in the evaluation of chronic radicular neck pain. The records did not indicate subjective, objective or radiological findings consistent with cervical radiculopathy or peripheral mononeuropathy. There is no documentation of objective findings of neurological deficits, dermatomal sensory loss or motor deficits of the upper extremity. The motor and muscle power of the right upper extremity had remained unchanged. The chronic pain is stable with conservative treatment with medications. The criteria for EMG/NCV studies of the right upper extremity was not met.

Aciphex 20mg #30 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

Decision rationale: The CA MTUS guidelines recommend that proton pump inhibitors can be utilized in the prophylaxis and treatment of NSAIDs induced gastritis. The chronic use of NSAIDs can be associated with the development of gastrointestinal complications in the elderly and in patients with a history of gastric disorder. The records indicate that the patient had significant gastrointestinal symptoms associated with the use of pain medications. It is reported that the patient reported significant adverse effects with the use of generic and first line proton pump inhibitors. The use of Aciphex was noted to be effective in controlling the gastrointestinal symptoms. The criteria for the use of Aciphex 20mg #30 3 refills was met.