

Case Number:	CM15-0032788		
Date Assigned:	02/26/2015	Date of Injury:	08/28/2004
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 08/28/2004. The mechanism of injury was a fall of approximately 10 feet while trimming trees. Prior therapies and treatments included physical therapy, a TENS unit, urine drug screens, lumbar facet injections and a medial branch radiofrequency neurotomy and medications. The injured worker was utilizing AcipHex since at least 11/2014. The injured worker underwent a CT of the lumbar spine. The documentation of 12/03/2014 revealed the injured worker had a poor quality of sleep. The injured worker was asking for repeat lumbar radiofrequency neurotomy ablation bilaterally that was previous done on 04/25/2014. The injured worker indicated he had ongoing GI upset with the use of current medications despite the use of AcipHex, and he was taking medications sparingly due to GI distress. The medications included Lidoderm 5% patches, Percocet 10/325 mg 1 daily as needed, AcipHex 20 mg 1 daily, Voltaren 1% gel, and docusate sodium 250 mg soft gel as well as Lyrica 100 mg. The surgical history included a discectomy at L5-S1 with fusion for recurrent disc protrusion, a lumbar decompression and discectomy L5-S1, fusion L5-S1 in 11/2005. The injured worker underwent a removal of lumbar instrumentation at L5-S1 in 01/2012. The injured worker's treatments included a medial branch block, transforaminal lumbar epidural steroid injection, caudal epidural steroid injection, and lumbar medial branch radiofrequency neurotomy at L3 and L4 bilaterally. The diagnostic studies included an MRI of the lumbar spine without contrast and an x-ray of the lumbar spine 7 view, multiple x-rays of the lumbar spine, CT of the lumbar spine, and multiple MRIs. The injured worker underwent urine drug screens. The physical examination revealed the injured worker had restricted range of

motion. The diagnoses included lumbar facet syndrome, lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal lumbar DDD, and pain in the ear. The treatment plan included continuation of the current medications, as it was noted the injured worker's GI distress was managed by AcipHex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. This request would be supported, as the injured worker was noted to have GI distress, and it was noted to be controlled with AcipHex. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Aciphex 20mg QTY: 30.00 is not medically necessary