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| <b>Case Number:</b>   | CM15-0056101 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 08/28/2004 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 41 year old male, who sustained an industrial injury on August 28, 2004. He reported a fall. The injured worker was diagnosed as having lumbar radiculopathy, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, lumbar facet syndrome, mood disorder, and pain in ear. Treatment to date has included MRI, CT scan, x-rays, electrodiagnostic studies, lumbar epidural steroid injection, lumbar medial branch block, caudal epidural steroid injection, physical therapy, transcutaneous electrical nerve stimulation (TENS) , and medications including anti-epilepsy, proton pump inhibitor, topical pain and non-steroidal anti-inflammatory, oral pain, stool softener, and laxative medications. On February 4, 2015, the injured worker complains of low back pain radiating down the posterior aspect of the right lower extremity including the thigh and calf to the lateral foot. He had completed a LRF on January 2, 2015 following a positive medial branch block. A review of systems noted heartburn and indigestion. The physical exam revealed an antalgic gait, normal lordosis with straightening of the lumbar spine and surgical scars, restricted range of motion, tenderness of the bilateral paravertebral muscles, spinous process tenderness on lumbar 4 and lumbar 5, negative Gaenslen's, positive bilateral lumbar facet loading, a positive right sitting straight leg raise, and negative Faber test. There was mild decreased motor strength of the right lower extremity and decreased sensation to light touch of the lateral foot, right 4th and 5th toes, and lateral calf. The treatment plan includes continuing his current proton pump inhibitor medication for treatment of chronic gastrointestinal distress caused by previous long-term use of non-steroidal anti-inflammatory drugs and other pain medications to treat his chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of NSAID and SSRI's Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs).

**Decision rationale:** Aciphex 20mg #30 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The ODG states that Aciphex should be used only as a second line proton pump inhibitor. The documentation dated 2/4/15 requests a GI consult due to patient's persistent symptoms despite treatment with Aciphex. Without evidence of efficacy of Aciphex this request is not medically necessary.