

Case Number:	CM15-0089434		
Date Assigned:	05/13/2015	Date of Injury:	05/22/2001
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on 5/22/01. He reported left leg and buttocks injury after falling while carrying a heavy plant. The injured worker was diagnosed as having spinal/lumbar degenerative disc disease, chronic back pain and lumbar radiculopathy. Treatment to date has included oral medications including Aciphex, Celebrex, Lunesta, Gabapentin, Skelaxin, Norco and Lexapro; trigger point injections, lumbar epidural steroid injections, physical therapy and home exercise program. Currently, the injured worker complains of low back pain and left shoulder pain rated 5/10 without medications. Physical exam noted restricted lumbar range of motion, tenderness on palpation of paravertebral muscles, hypertonicity, spasm and tight muscle band, restricted motion of left shoulder is also noted with tenderness on palpation of acromioclavicular joint, biceps groove and glenohumeral joint. The treatment plan Lexapro, Norco, Celebrex, Aciphex, Lunesta, Skelaxin and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for AcipHex, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with AcipHex (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested AcipHex is not medically necessary.