

<b>Case Number:</b>	CM14-0080251		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old female presenting with a history of a work related accident that occurred on 11/25/2008. She injured her neck and right shoulder while lifting heavy boxes. She has developed chronic pain symptoms since that time. Her pain markedly impaired her activities of daily living. She underwent subsequent right shoulder manipulation and she had a cervical epidural steroid injection without pain resolution. She was started on multiple medications that included Gabapentin, Nortriptyline, and Aciphex for gastritis. The use of Aciphex 20 mg is under review for medical necessity in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg Tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

**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 (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

**Decision rationale:** Aciphex is a type of proton pump inhibitor. The Official Disability Guidelines (ODG) state that proton pump inhibitors such as Aciphex are recommended for injured workers that are at high risk of gastrointestinal events. They are also highly effective in preventing ulcers caused by non-steroidal anti-inflammatory drugs. The use of Aciphex is recommended by Official Disability Guidelines for injured workers that are taking long-term non-steroidal anti-inflammatory drugs. However, this injured worker is not documented to be taking long-term non-steroidal anti-inflammatory drugs. In addition, the Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors such as Aciphex are indicated in injured workers using long-term non-steroidal anti-inflammatory drugs that are at high risk for gastrointestinal side effects. However, this was not documented in this case. Therefore, the request for Aciphex 20mg tabs would not be considered medically necessary in this case.