

<b>Case Number:</b>	CM14-0084916		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/22/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 68-year-old male who reported an injury on 07/22/1999, the mechanism of injury was not provided. On 11/06/2013, the injured worker presented with complaints of low back pain. Upon examination of the lumbar spine, there was tenderness over the L4-5 with paraspinal spasm bilaterally. There were trigger points over the L4-5 and sciatic. The range of motion was 25% reduced with normal sensation and motor strengths. Diagnosis was chronic lumbar pain HNP4-5. Current medications included tramadol and Amrix. The provider recommended Aciphex, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69, 78-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia, secondary to NSAID therapy, or for those

taking NSAID medications that are at moderate to high risk for gastrointestinal events. Included medical documentation did not indicate the injured worker is at moderate to high risk for gastrointestinal events. The injured worker's diagnosis is not congruent with the guideline recommendation for a proton pump inhibitor. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the Aciphex 20mg tabs is not medically necessary is not medically necessary.