

Case Number:	CM14-0042286		
Date Assigned:	07/02/2014	Date of Injury:	03/14/2000
Decision Date:	06/29/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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. 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

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 51 year old male, who sustained an industrial injury on 03/14/2000. He has reported subsequent back and left leg pain and was diagnosed with thoracic degenerative disc disease, thoracic radiculitis and lumbar post fusion syndrome. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 03/10/2014, the injured worker complained of constant moderate back and left leg pain. Objective findings were notable for positive thoracic paraspinal tenderness on the left. A request for authorization of Aciphex was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACIPHEX 20 MG QUANTITY 60 DAYS SUPPLY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Aciphex medication is indicated for short-term (4 to 8 weeks) treatment in the healing and symptomatic relief of erosive or problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Aciphex namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The ACIPHEX 20 MG QUANTITY 60 DAYS SUPPLY 30 is not medically necessary and appropriate.