

Case Number:	CM14-0091442		
Date Assigned:	07/25/2014	Date of Injury:	12/16/2003
Decision Date:	05/01/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old male, who sustained an industrial injury on December 16, 2003. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome, depressive disorder, neuralgia and acute cervical radiculopathy. Treatment to date has included epidural steroid injection, medications, and physical therapy. On February 12, 2015, the injured worker complained of abdominal pain rated a 9 on a 1-10 pain scale. He noted to have occasional flares of severe pain. He reported new bouts of pain, numbness and weakness in the right upper extremity. He feels his right leg symptoms are extending into the right lower quadrant of his abdomen. The treatment plan included medications and an occupational therapy consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rabeprazole 20mg #30, Date of Service 2/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The provided documents only include one clinical note (12 February 2015) by [REDACTED]. The note provides no evidence of gastrointestinal concerns on review of systems or objective physical exam, however chief complaint includes abdominal pain rated 9/10. Additionally, while the patient is on a multitude of medications, there is no evidence of a non-steroidal anti-inflammatory amongst the medications listed. The patient is noted to be prescribed medications for indigestion and nausea, which may be related to other medications listed, but the documents submitted provide no evidence of GI objective physical findings to warrant continued use of Rabeprazole. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. If the patient is taking NSAIDs or having gastrointestinal symptoms that are not clearly documented in the provided record, further documentation and appropriate subsequent requests for treatment should occur. Given the lack of documents provided and lack of physical exam findings to elaborate on the abdominal pain rated by the patient as 9/10, it is the opinion of this reviewer that without further details about the complaint of abdominal pain in the single provided note, the request for Rabeprazole must be considered medically necessary given the provided information in case there is gastrointestinal pathology present that is contributing to the patient's pain. Therefore, this request for Rabeprazole 20mg #30, DOS: 2/10/14 is medically necessary.