MAXIMUS Federal Services

Case Number:	CM15-0111112		
Date Assigned:	06/17/2015	Date of Injury:	09/19/2013
Decision Date:	07/16/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency 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 31 year old male, who sustained an industrial injury on September 19, 2013. He reported a right thumb laceration after pulling carpet. The injured worker was diagnosed as having status post right thumb would infection and status post right thumb irrigation and debridement. Treatment to date has included diagnostic studies, surgical intervention of the thumb wound, medications, conservative care and work restrictions. Currently, the injured worker complains of continued right thumb pain and decreased range of motion. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 26, 2015, revealed negative nerve studies. It was noted he continued to have right thumb and wrist pain and wore a right wrist orthotic brace. He reported benefit with a TENS unit and medications. He reported continued numbness in the right thumb as well. He continued the use of medications for pain. Generic Aciphex was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic Aciphex 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Aciphex is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on naproxen but there is no dyspepsia complaints in any recent progress notes. Patient is not high risk for GI bleeding. Patient does not meet any criteria for PPI therapy. Aciphex is not medically necessary.