

Case Number:	CM15-0112038		
Date Assigned:	06/18/2015	Date of Injury:	05/09/2009
Decision Date:	07/22/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
 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 applicant is a represented 52-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of May 9, 2009. In a Utilization Review report dated May 23, 2015, the claims administrator failed to approve a request for AcipHex. The claims administrator referenced a RFA form received on May 14, 2015 in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of knee, neck, and shoulder pain. The applicant was off of work, it was suggested. The applicant had collected various disability and indemnity benefits over the course of the claim, it was reported. Tramadol, Norco, Lunesta, and Lidoderm were prescribed on this occasion, along with a neck pillow and traction device. There was no seeming mention of the applicant's having issues with reflux, heartburn, and dyspepsia on this occasion. In a progress note dated May 6, 2015, the applicant reported multifocal complaints of neck, back, knee and shoulder pain with derivative complaints of headaches. The applicant had had ongoing issues with hypertension. The applicant had collected various disability and indemnity benefits over the course of the claim, it was acknowledged. Wellbutrin, Fioricet, Norflex, Celebrex, AcipHex, and Norco were all prescribed. There was no seeming mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms.

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

Decision rationale: No, the request for AcipHex, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as AcipHex are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question, May 6, 2015. Therefore, the request was not medically necessary.