

<b>Case Number:</b>	CM15-0114218		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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:

This 42 year old woman sustained an industrial injury on 9/5/2007. The mechanism of injury is not detailed. Evaluations include left shoulder MRI dated 11/12/2007, left brachial plexus MRI dated 3/12/2008, electromyogram/nerve conduction studies dated 3/14/2008, cervical spine MRIs dated 3/21/2008 and 3/26/2010, left shoulder MRIs dated 6/10/2008 and 3/26/2010, cervical spine x-rays dated 3/26/2010, left shoulder x-rays dated 3/26/2010, and MR arthrogram of the left shoulder dated 3/30/2010. Diagnoses include left shoulder pain, gastroesophageal reflux disease, insomnia, medication related dyspepsia, complex regional pain syndrome of the left upper extremity, and chronic pain. Treatment has included oral medications. Physician notes dated 4/15/2015 show complaints of neck pain with radiation to the bilateral upper extremities, insomnia, anxiety, and depression. The worker rates her pain 7/10 with medications and 9/10 without medications. A Toradol/B 12 injection was administered during this visit. Recommendations include Aciphex, Tizanidine, Doxepine, Hydrocodone/Acetaminophen, Lyrica, Lunesta, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex tab 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated 7/10 with and 9/10 without medications. The request is for ACIPHEX TAB 20MG #30. The request for authorization is not provided. Physical examination reveals spasm noted in the right trapezius muscle. Tenderness is noted on palpation at left anterior shoulder. The range of motion of the left shoulder was decreased due to pain. The patient reports GERD related, medication associated gastrointestinal upset. The patient reports that the use of current, H2- blocker, muscle relaxant, opiod pain, sleep aid medication is helpful. Patient's medications include Lyrica, Norco, Doxepin, Duloxetine, Tizanidine, Aciphex and Lunesta. Per progress report dated 04/15/15, the patient is not working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Rabeprazole is a PPI similar to omeprazole. Per progress report dated 04/15/15, treater's reason for the request is "[Patient] has risk of gastrointestinal events and no reported CAD. [Patient] requires NSAID therapy to manage chronic pain." Patient has been prescribed Aciphex since at least 01/07/15. Per progress report dated 01/07/15, treater states, "[Patient] has had limited response to both Omeprazole and Pantoprazole as first line 24 hr release proton pump inhibitors." However, per progress report dated 04/15/15, treater states, "Specific medications tried and failed in the past: Ketoprofen; Naproxen (limited response); Orudis." Current list of patient's medications do not include any NSAIDs. Therefore, the request IS NOT medically necessary.