

Case Number:	CM15-0121264		
Date Assigned:	07/02/2015	Date of Injury:	07/07/2012
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62-year-old female who sustained an industrial injury on 7/7/2012 resulting in chronic bilateral shoulder pain. Treatment has addressed pain management, including use of medication. The injured worker continues to report bilateral shoulder pain and the treating physician's plan of care includes continuation of medication including Aciphex 20 mg. She is presently working.

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 Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: Pursuant to the Official Disability Guidelines, Aciphex 20mg #30 is not medically necessary. Aciphex is a proton pump inhibitor. Proton pump inhibitors are indicated

in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are impingement syndrome right shoulder with evidence biceps tendinitis, acromioclavicular joint wear, labral tear and glenohumeral wear; element of sleep and depression related to the chronic condition. Date of injury is July 7, 2012. Request authorization is dated May 6, 2015. According to an August 6, 2014 progress note, the injured worker was treated with Protonix, naproxen and Tramadol. According to a January 15, 2014 progress note, Protonix was denied, but Nalfon and Tramadol were authorized. On May 6, 2015, the treating provider requested Aciphex 20mg. There was no clinical rationale for starting a second line proton pump inhibitor (Aciphex) when the first line proton pump inhibitor (Protonix) was denied. There are no comorbid or past medical history conditions with a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation with comorbid conditions or risk factors for gastrointestinal events and a clinical rationale for starting a second line proton pump inhibitor, Aciphex 20mg #30 is not medically necessary.