

Case Number:	CM15-0141519		
Date Assigned:	08/06/2015	Date of Injury:	09/28/2013
Decision Date:	10/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 31 year old female who sustained an industrial injury on 09-28-2013. Current diagnoses include discogenic thoracic disease, discogenic lumbar condition with facet inflammation and left sided radiculopathy, abdominal pain-rule out abdominal hernia, elements of depression, stress, and insomnia related to orthopedic injury, and weight gain. Report dated 06-17-2015 noted that the injured worker presented with complaints that included continued spasms, stiffness, shooting pain, numbness, and tingling. Physical examination was positive for tenderness across the thoracic spine and lumbar paraspinal muscles, and generalized myofascial pain throughout the thoracic and lumbar spine. Previous treatments included medications, psychological consultation, physical therapy, chiropractic, acupuncture, aqua therapy, TENS unit, functional restoration program, and home exercise program. The treatment plan included request for medications which included Naproxen, Aciphex, Lunesta, and Neurontin. Disputed treatments include Aciphex. Work status was documented as temporarily totally disabled. Request for authorization dated 06-17-2015, included requests for Naproxen, Aciphex, Lunesta, and Neurontin. The utilization review dated 06-29-2015, non-certified the request for Aciphex.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California MTUS (2009), Aciphex (Rabeprazole) is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is documentation indicating that this patient had gastritis with the concomitant use of Naproxen . The request for Naproxen was not found to be medically necessary, which would mean that the Aciphex would not appear to be medically necessary for this patient. Medical necessity for Aciphex has not been established. The requested medication is not medically necessary.