

<b>Case Number:</b>	CM15-0173847		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/21/2003
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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:

The injured worker is a 64 year old male, who sustained an industrial injury on November 21, 2003. He reported low back pain radiating to the left buttock, left leg and left calf. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation and intermittent radiculopathy, weight gain, sleep disorder and gastrointestinal irritation. Treatment to date has included diagnostic studies, medications, ice, heat and work restrictions. It was noted he last worked in March 2015. Currently, the injured worker continues to report low back pain radiating to the left buttock, left leg and left calf with associated gastrointestinal upset and difficulty with sleep. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on June 3, 2015, revealed continued pain as noted. Straight leg test is noted as positive at 60 degrees. It was noted he had tried Norco, Tramadol, Vicodin and Percocet with no significant relief. Medications and physical therapy were recommended. Evaluation on July 1, 2015, revealed continued pain as noted. He rated his pain at 1-5 on a 1-10 scale with 10 being the worst. He noted occasional painful flare-ups. He noted bowel movements give him back pain. Facet loading was noted as positive. Tenderness to palpation was noted along the lumbosacral area. Straight leg test is noted as positive at 60 degrees. Milgrim's test was noted to give him low back pain. Flexion was noted at "no more than 30 degrees" and extension at "no more than 5 degrees". Aciphex was continued. Urinary drug screen on July 1, 2015, revealed findings inconsistent with expectations. The RFA included requests for Aciphex 20mg #30 and was non-certified on the utilization review (UR) on August 13, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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:** The current request is for Aciphex 20MG #30. The RFA is dated 08/03/15. Treatment to date has included medications, ice and heat, injections, physical therapy and work restrictions. The patient is not working. MTUS pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 08/03/15, the patient presents with chronic low back pain with positive straight leg raise at 60 degrees and positive facet loading test. The patient is utilizing the medications Naproxen, Gabapentin, Norflex, and Tramadol. The patient reports associated gastrointestinal upset and has been using Naproxen on a long-term basis. This appears to be an initial request, as prior reports provide no discussion regarding this medication. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Given that this is an initial request, the treater has not had the opportunity to document medication efficacy. Therefore, this request appears reasonable and in accordance with guidelines and the request IS medically necessary.