

Case Number:	CM15-0178982		
Date Assigned:	09/21/2015	Date of Injury:	02/07/2014
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 37-year-old female who sustained an industrial injury on 2-7-14. A review of the medical records indicates she is undergoing treatment for right foot sprain with underlying plantar fasciitis and partial tear and calcaneal bone spurring, right foot sprain, right ankle sprain, right leg sprain, and lumbosacral strain. Medical records (6-4-15 to 8-17-15) indicate ongoing complaints of right foot pain. She also complains of lower back pain, which is thought to be due to limping during ambulation to "protect the right foot". The physical exam reveals "tenderness through the posterior medial hind foot and the proximal fascia with calcaneus, radiating through the arch medial and central slip". Range of motion was noted to be limited. She reported numbness and stabbing with swelling. Diagnostic studies have included x-rays of the right foot, an MRI of the right foot, and x-rays of the lumbosacral spine. An EMG-NCV has been requested of the lower extremities, but this is pending authorization. Treatment has included at least 6 visits of physical therapy, use of ice, and a request for orthotic shoes, as well as anti-inflammatory medications. A request for Acupuncture was made on 8-17-15. Other medications prescribed included Celecoxib 200mg, #30, Aciphex 20mg, #30, and Ultram 150mg, #60. The utilization review (9-1-15) indicates denial of the Aciphex, indicating that the injured worker "is not at intermediate risk of GI event and the request is not reasonable".

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #30 with 2 refills: 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: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.