

<b>Case Number:</b>	CM15-0067767		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/19/2007
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 12/19/07. The injured worker reported symptoms in the right shoulder, neck and back. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy and shoulder impingement. Treatments to date have included oral pain medication, activity modification, proton pump inhibitor, physical therapy, and injections. Currently, the injured worker complains of pain in the right shoulder, neck and back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Rabeprazole sodium 20mg #60 (with/two refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Proton Pump Inhibitors.

**Decision rationale:** MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue and recommend the use of Proton Pump Inhibitors (PPI's) for conditions which this individual has. However, the Guidelines consider Rabeprazole a 2nd line drug and do not recommend it unless there is a failure of adequate dosing of 1st line PPI's. This individual was on low dose Omeprazole, but BID dosing or other recommended 1st line drugs were not trialed. Under these circumstances a first line PPI is Guideline supported, but the specific second tier medication Rabeprazole is not. Under these circumstances, Rabeprazole sodium 20mg. #60 (2 refills) is not medically necessary.