

Case Number:	CM15-0094547		
Date Assigned:	05/21/2015	Date of Injury:	11/06/2013
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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 51 year old male, who sustained an industrial injury on 11/6/2013. He reported pain to the right shoulder, neck, right elbow, right wrist and both arms. The injured worker was diagnosed as having chronic pain syndrome, carpal tunnel syndrome on the right, ulnar nerve neuritis on the right, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, and bicipital tendonitis, status post-concussion, cervical discogenic condition with facet inflammation, shoulder girdle involvement and headaches. Treatment to date has included medications, cognitive behavioral therapy, magnetic resonance imaging of right elbow (8/5/2014), x-rays of the eyes (8/5/2014), physical therapy, modified work duties, and right shoulder surgery (5/15/2014). The request is for Aciphex. On 4/8/2015, she complained of right shoulder pain. She rated her pain as 5/10, feels her grip is weak, and has difficulty lifting/carrying heavy objects, dressing, reaching, and sleeping. Physical examination revealed right shoulder range of motion as flexion 120, abduction 120, and external rotation 30. The treatment plan included: rehabilitative therapy, home exercise program, cryotherapy, electrical stimulation, moist hot pack and ultrasound. On 1/9/2015, he complained of blurry vision episodes, neck pain, and headaches. The treatment plan included: Protonix for upset stomach and history of gastritis. On 2/4/2015, he complained of persistent neck pain and headaches with shooting pain down the right arm and associated numbness and tingling in the hand. The treatment plan included Norco. On 4/1/2015, he complained of continued neck, right shoulder, right elbow, right wrist, and bilateral forearm pain. Physical findings are noted as abduction 120 degrees and he has to use his other arm to raise the right, tenderness along the

rotator cuff, and positive Hawkins test and impingement sign. The treatment plan included: TENS unit, conductive garment, neurologist consultation, therapy, neck traction, hot/cold wraps, and carpal tunnel brace, Norco, Aciphex, Ultracet, and Maxalt. The records do not support a history of gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg tablets, unknown frequency or quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173, 203, 604, Chronic Pain Treatment Guidelines Page(s): 68, 78, 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Cold packs, Heat therapy; Neck, Pillow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The most recent report from the requesting physician is dated 04/01/15 and states that the patient presents with neck and right arm pain. The current request is for Aciphex 20mg tablets unknown frequency or quantity - Rabeprazole. The RFA is not included; however, the 04/21/15 utilization review states it was received 04/06/15. The patient is not working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Rabeprazole is a PPI similar to Omeprazole. It appears from the reports provided for review that the patient is just starting Aciphex on 04/01/15. The requesting physician does not explain why this medication is requested. The 12/04/14 report does show that Protonix-Pantoprazole, a PPI, is prescribed for upset stomach. While the reports do show that the patient is prescribed an NSAID, Naproxen, as of 04/01/15, there is no documentation of GI issues for this patient, and no GI assessment is provided as required by the MTUS guidelines. In this case, the request IS NOT medically necessary.