

Case Number:	CM15-0098878		
Date Assigned:	06/01/2015	Date of Injury:	04/16/2004
Decision Date:	06/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: California, Indiana, 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 63 year old female, who sustained an industrial injury on 04/16/2004. According to the most recent progress report submitted for review and dated 10/30/2014, the injured worker presented for follow-up regarding her neck and low back symptoms. She had neck surgery consisting of a posterior cervical fascia repair on 10/09/2014. She had been having severe muscle spasms in her neck since the surgery. She had numerous side effects with multiple pain medications and muscle relaxers in the past. She requested medication to help with her current severe neck muscle spasms. She was status post fusion from C7-T1 on 07/26/2013. Her medication regimen included Lyrica, Ambien and Aciphex. Medications tried with noted reactions included Tramadol, Robaxin, Flexeril, Aspirin/nonsteroidal anti-inflammatory drugs, Morphine and Dilaudid. Treatment history included physical therapy, C5-7 fusion in 1994, C4-T1 fusion revision 2007, C3-C7 hardware removal 2012 and C6-T1 fusion exploration and revision 2013. The provider made reference to an agreed medical examination from 04/21/2014, noting that the injured worker had developed some "dysphasia" and was schedule to be evaluated by an Ear, Nose and Throat (ENT) and gastrointestinal specialist. Diagnoses included exploration of fusion with revision fusion at C6-T1, status post anterior cervical disc fusion C3-T1, possible TMJ, bilateral L5 spondylolysis, bilateral knee arthralgia with internal derangement, bilateral shoulder subacromial impingement and bursitis and chronic pain syndrome. A patient questionnaire dated 10/30/2014, indicated that the injured worker had nausea and vomiting as a side effect from her meds since her last visit. She also noted that she had constipation. Currently under review is the request for Aciphex 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Aciphex 20mg #90 is not medically necessary. Aciphex is a second line proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are exploration of fusion with revision fusion at C6-T1; status post ACDF C3-T1; possible TMJ; bilateral L5 spondylosis; bilateral knee arthralgia with internal derangement; bilateral shoulder subacromial impingement and bursitis; and chronic pain syndrome. Request for authorization is dated May 7, 2015. The most recent progress note of the medical record is dated October 30, 2014. The injured worker was prescribed AcipHex. AcipHex is a second line proton pump inhibitor. There is no documentation of failed first-line therapy proton pump inhibitor treatment. The documentation states the injured worker has a G.I. disorder in the medication section. There is no specific comorbid condition documented in the medical record. Consequently, absent clinical documentation with failed first-line proton pump inhibitor treatment, Aciphex 20mg #90 is not medically necessary.