

Case Number:	CM14-0140588		
Date Assigned:	09/10/2014	Date of Injury:	06/15/2009
Decision Date:	10/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 25 year old male with complaints of low back pain and left leg pain. The date of injury is 6/15/09 and the mechanism of injury is not elicited. At the time of request for Protonix 20mg #60, there is subjective complaints are low back pain and left leg pain. The objective findings include tenderness to palpation lumbar spine, range of motion diminished lumbar spine, and positive straight leg raise right. Imaging findings include MRI lumbar spine 8/8/09 shows left paracentral L4-5 disc protrusion impinging on the descending left L5 root, and disc protrusion L5-S1 contacts the S1 roots. Diagnoses include lumbar disc displacement without myelopathy. Treatment to date is medications and rest. Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. Protonix, Nexium, and Dexilant are second line PPI's that should only be used if a failed trial of a first line treatment such as OTC Prilosec has been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantaprazole-protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC NSAIDs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic), Proton Pump Inhibitors

Decision rationale: Per Official Disability Guidelines (ODG) Treatment Decisions, Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. Protonix, Nexium, and Dexilant are second line PPI's that should only be used if a failed trial of a first line treatment such as OTC Prilosec has been documented. As the medical record documentation does not support this, the request for Pantaprazole-protonix 20mg#60 is not medically necessary.