

Case Number:	CM14-0153891		
Date Assigned:	09/23/2014	Date of Injury:	11/24/1999
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is 61-year-old male who reported injury on 11/24/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spine sprain/strain, and lumbar spinal stenosis. Medical treatment consists of acupuncture, massage, physical therapy, psychotherapy, and medication therapy. Medications include hydrocodone, Soma, Protonix, Gabapentin, Flurbiprofen and Tramadol. The injured worker has undergone MRI and EMG/NCV of the lower extremities. On 06/16/2014, the injured worker complained of low back pain. Physical examination had it noted that the injured worker rated the pain at 8/10 without medication and 6/10 with medication. Physical examination of the lumbar spine revealed that there was tenderness and myospasm palpable over bilateral paralumbar muscles. Tenderness was also palpable in the sciatic notches. Straight leg raise test was bilaterally positive, causing low back pain that radiated to posterior thigh upon 45 degrees of right or left leg raising. The Braggard's test was also positive bilaterally. There was decreased sensation of the lumbar range of motion in all planes due to end range back pain. The treatment plan is for the injured worker to continue the use of medication. The rationale submitted for review indicates that the provider is prescribing Protonix as prophylactic gastro protectant. The Request for Authorization form was submitted on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg #60 with a quantity of 60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitors is also supported for patient's taking NSAID medication that have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker had been taking NSAID medication. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.