

Case Number:	CM13-0023702		
Date Assigned:	11/15/2013	Date of Injury:	08/27/2004
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This is a 60 year-old, male with an August 27, 2004 injury date. He has been diagnosed with cervical sprain, headaches; lumbosacral disc degeneration with protrusion and radiculopathy; urological issues with depression; insomnia. The IMR application shows a dispute with the September 3, 2013 UR decision by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient is reported to be on trazadone and Norco. There is no discussion of GERD, or whether there are positive GI risk factors. The patient is not reported to be using any NSAIDs. Therefore the request for Protonix 20mg with three (3) refills is not in accordance with MTUS criteria and is not medically necessary and appropriate.