

Case Number:	CM13-0038054		
Date Assigned:	12/18/2013	Date of Injury:	05/19/2005
Decision Date:	04/02/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Geriatrics, and is licensed to practice in New York. 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:

The injured worker is a 65 year old man with a date of injury of 5/19/05. He had a long standing history of chronic low back pain with radiation to his lower extremities. The most recent records available to review are from 2011. Those records document normal abdominal exam and the diagnosis of GERD and gastropathy secondary to anti-inflammatory medications. The records do not detail any symptoms, response to prior therapy or further exploration of any gastrointestinal issues. At issue in this review is the prescription for protonix 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic back pain. . Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an

anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In spite of an age of 65 years, the records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Protonix.