

Case Number:	CM13-0042834		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2010
Decision Date:	06/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/19/2013

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 & Rehabilitation 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 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 patient is a 66-year-old male who sustained an industrial related injury on 10/12/2010 (mechanism of industry was not provided). The patient reportedly underwent a lumbar fusion in October 2011 and continues to have flare ups of low back pain. Conservative treatment included physical therapy, medial branch blocks, ESI and SI joint injections according to the provided records. PR-2 dated 08/30/2013 documented the patient to have complaints of pain in the low back (right greater than left). He stated his medications were helping to improve his ADL's. Diagnosis: Myofascial pain; Intervertebral disc disease; right lumbar radiculitis; status post lumbar fusion. Treatment plan was to continue cyclobenzaprine, naproxen sodium, tramadol and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the CA MTUS, clinicians should weight the indications for NSAIDs against the GI factors and determine if the patient is at risk for GI events. Determination of the risk factor includes being over the age of 65; having a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The patient is over the age of 65 and has been prescribed NSAID's since at least 04/05/2013 (based on the PR-2 note). This would place the patient at intermediate risk for GI events and according to the guidelines, the recommendation is for a non-selective NSAID with either a PPI or misoprostol. Based on the recommendations of the CA MTUS, Protonix is considered medically necessary.