MAXIMUS Federal Services

Case Number:	CM13-0047936		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2004
Decision Date:	04/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery, 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 36-year-old claimant was injured on 1/27/04. He has been treated for back pain and is status post an L5-S1fusion performed in 2005. At the 9/25/13 office visit, Anaprox and Protonix were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox for low back pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,68.

Decision rationale: The request for Anaprox cannot be recommended as medically necessary. According to the documents submitted for review, there is no documentation within the records provided for review to indicate that this claimant would not be a candidate for over-the-counter NSAIDS (nonsteroidal anti-inflammatory drugs). There is also no documentation that this claimant tried and did not tolerate or receive benefit from over-the-counter NSAIDS. As such, the request is not certified.

Protonix for low back pain: Upheld

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

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

Decision rationale: Protonix would not be considered medically necessary and appropriate in this case based upon the California MTUS Chronic Pain 2009 Guidelines. The MTUS Chronic Pain Guidelines state that if a claimant is at risk for gastrointestinal events such as his age is greater than 65 years, there is a history of peptic ulcer, concurrent use of Aspirin, corticosteroids, or anti-coagulant or high-dose multiple anti-inflammatory use, then Protonix would be appropriate. In this case, over-the-counter anti-inflammatories would be recommended. There is no documentation that this claimant has any type of risk factor. Therefore, Protonix cannot be certified.