

Case Number:	CM13-0053098		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2005
Decision Date:	10/15/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work-related injury on September 30, 2005. Subsequently he developed chronic neck and back pain. The patient underwent two-phase spinal surgery involving T12-L2 level and lumbar spinal fusion on October 2008. According to a medical report dated May 22, 2013, the patient reported low back pain and mid back pain. His physical examination revealed stable gait and paraspinal tenderness. There is no spasm. Lumbar spine shows some decreased range of motion. Prior treatment included oral medication (Norco and Omeprazole), pain management, home exercise program, restricted activity, and psychiatric treatment. The patient was diagnosed with L1 vertebral wedge compression fracture, L1 bilateral kyphoplasty, and T11-L2 posterior spinal fusion with retention of symptomatic thoracolumbar spinal hardware. The provider requested authorization to use Protonix.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: PROTON PUMP INHIBITORS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20mg#90 is not medically necessary.