

Case Number:	CM13-0056218		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2010
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old female with date of injury 1/1/10. The mechanism of injury is described as multiple falls. The patient has complained of chronic back pain since the date of injury. MRI of the lumbar spine dated 01/11 showed disc disease and neuroforaminal narrowing at L5-S1. Treatment thus far has included physical therapy and medications. Objective: lumbar spine paravertebral muscle tenderness to palpation, moderate facet joint tenderness over the L4-S1 vertebrae and decreased range of motion of the lumbar spine.

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 cite any medical evidence for its decision.

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

Decision rationale: This patient is a 51 year old female with chronic back pain since date of injury in 1/1/10. She has been treated with physical therapy and medications to include protonix since at least 03/13. There are no medical reports which adequately describe the relevant signs and symptoms of gastrointestinal disease in this patient nor are there reports that describe

specific risk factors for gastrointestinal disease. In the MTUS citation listed above, chronic use of proton pump inhibitors can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. On the basis of this lack of documentation and potential for risks of use of this medication, protonix is not indicated as medically necessary in this patient.

Zofran 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.UpToDate.com.

Decision rationale: This patient is a 51 year old female with chronic back pain since date of injury in 1/1/10. She has been treated with physical therapy and medications to include Zofran since at least 03/13. Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.