MAXIMUS Federal Services

Case Number:	CM13-0060177		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	05/19/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 54 year-old with a reported date of injury of 05/08/13. The injury occurred while the patient was transferring an individual from wheelchair to an automobile. The patient's diagnoses include lumbosacral sprain, cervical sprain/strain and thigh contusion. Treatment plan has included oral medication, Polar Frost, ThermaCare patches, physical therapy, EMG, home exercise program and acupuncture. The most recent progress notes by the treating physician indicate the patient is still having neck, left arm and low back pain. The physical exam noted tenderness to palpation along the cervical spine with decreased range of motion and decreased sensation along the C6-7 distribution. The patient also had decreased range of motion noted in 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 QD #60: Overturned

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

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors may used in conjunction with nonsteroidal anti-inflammatory drugs (NSAIDs) for patients at risk for gastrointestinal events. In this patient with a history of aspirin use, dyspepsia and vascular disease, the California MTUS does recommend the concomitant use of a proton pump inhibitor when NSAIDs are used. Therefore, the requested Protonix is medically necessary and appropriate.