MAXIMUS Federal Services

Case Number:	CM13-0063284		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2006
Decision Date:	04/15/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 2006. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; short-acting opioid; prior knee arthroscopy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 8, 2013, the claims administrator approved a request for Vicodin, approved a request for Naprosyn, and denied a request for Protonix. The applicant's attorney subsequently appealed. A clinical progress note of October 30, 2013 is notable for comments that the applicant reports persistent low back pain and is using Vicodin, Robaxin, Protonix, and Naprosyn. It is stated, admittedly through usage of preprinted checkboxes, that Protonix is being renewed to treat dyspepsia associated with NSAID usage. The applicant is using an NSAID, Naprosyn. Final Determination Letter for IMR Case Number [redacted] In an earlier note of November 28, 2012, the attending provider notes that the applicant has had an agreed medical evaluation which she was given diagnosis of heartburn, acid reflux, diarrhea, obesity, suspected diabetes mellitus, snoring, insomnia, and positive H. pylori antibody blood test with associated psychological stress. An earlier note of April 19, 2013 was notable for comments that the applicant is using Protonix once a day due to acid reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 30MG #30: 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 Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S topic Page(s): 69,.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia as is present here. The applicant has reported ongoing symptoms of reflux, heartburn, and dyspepsia at various points in 2012 and 2013. Continued usage of Protonix to combat the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.