MAXIMUS Federal Services

Case Number:	CM14-0107421		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2007
Decision Date:	09/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 female, who has submitted a claim for discogenic lumbar condition with facet inflammation and L5 bilateral involvement; associated with an industrial injury date of September 30, 2007.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain and neck pain. Physical examination of the low back revealed tenderness with lumbar extension to 15 degrees and flexion to 35 degrees.Treatment to date has included Norco, Naproxen and Vicodin.Utilization review from July 1, 2014, denied the request for Protonix 20mg quantity: 60 because documents submitted did not show that the patient is at risk for any gastrointestinal events. In addition, the request for Physical Therapy of the lumbar spine, sessions: 12 were also denied because it exceeded the guideline recommendation of an initial 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the request was for a prospective prescription of Protonix. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Protonix 20mg #60 is not medically necessary.

Twelve (12) Physical therapy sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 8 to 10 visits over 4 weeks as treatment for neuralgia / neuritis / radiculitis. In this case, PT (Physical Therapy) was prescribed as a means to improve the functional capacity of the patient. However, the defined goals of the program were not mentioned. Likewise, there was no baseline functional evaluation done to the patient. In addition, the present request exceeded guideline recommendation of initial 8 to 10 sessions of Physical Therapy. Therefore, the request for Twelve (12) Physical therapy sessions for lumbar spine is not medically necessary and appropriate.