

Case Number:	CM14-0011485		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2001
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, 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 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 60 year old male with a date of work injury 9/12/01. The diagnoses include lumbar sprain/strain, lumbar disc disease at L4-5, spinal stenosis, degenerative disc disease, mechanical back pain, insomnia, mild dyspepsia, insomnia. There is a request for the medical necessity of Protonix. There is a 12/17/13 primary treating physician document that states that the patient is here today requesting medication refills due to an acute flare up of his low back pain. A qualitative drug screen was collected from this patient today. There were refills of Norco, 3-month supply of Naproxen Sodium 550mg, 1 p.o bid, qty #180, and Protonix 20mg, 1-2po qam, qty #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG 1-2 BY MOUTH IN THE AM (QAM) #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- proton pump inhibitors

Decision rationale: Protonix 20mg 1-2 by mouth in the am (qam) # 180 is not medically necessary per the MTUS guidelines. There is no documentation in the patient's history of any complaints of dyspepsia on NSAID therapy. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Furthermore, the ODG states that if the patient has these indications then a trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. The request for Protonix 20mg 1-2mg by mouth in the morning (#180) is not medically necessary.