

Case Number:	CM14-0013685		
Date Assigned:	02/26/2014	Date of Injury:	07/11/2007
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 patient has a date of injury July 11, 2007. Per primary treating physician's progress report the injured worker complains of low back pain radiating down the left leg and pain throughout his left side. The patient even gets left sided chest pain. He states that the pain has been worse and he also has GI (gastrointestinal) distress. The patient did not get Protonix and has been taking Prilosec but he still has GI distress from his medications even when he takes it with food. The patient's pain is rated at 9/10 with medications, 10/10 without medications. Examination includes only vital signs, height and weight measurements. Diagnoses include 1) lumbar radiculopathy status post lumbar spine surgery x3 2) chronic pain syndrome 3) chronic pain related insomnia 4) chronic pain related depression 5) chronic pain related sexual dysfunction 6) myofascial syndrome 7) chronic pain related anxiety 8) neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG #30 BETWEEN 10/22/2013 AND 3/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: The request physician reports that the injured worker receives limited relief of GI distress from the use of Prilosec. The injured worker is noted to be 46 years old. He is prescribed Anaprox and periodically Toradol. Proton pump inhibitors, such as Prilosec are recommended by the Chronic Pain Medical Treatment Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Protonix 20 mg, thirty count, is not medically necessary or appropriate.