

Case Number:	CM14-0123855		
Date Assigned:	08/11/2014	Date of Injury:	10/26/1998
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59 year old male who reported a date of injury of 10/26/1998. The mechanism of injury was not indicated within the medical records provided. The injured worker had diagnoses of brachial neuritis, mild spondylosis at C6-C7, C3-C7 degenerative disc disease and bilateral impingement syndrome. Prior treatments were not indicated within the medical records received. The injured worker had an MRI of the cervical spine 04/30/2014 and an EMG of the lower extremities. Surgeries included a laminectomy/discectomy in 1999, fusion in 2001 and 2011. The injured worker had complaints of neck and low back pain described as sharp, dull, throbbing, burning, aching, electricity and pins and needles. He rated his pain at 9/10 with and without medications. The clinical note dated 06/30/2014 noted the injured worker had decreased range of motion and tenderness to palpation in the cervical spine, decreased range of motion to all planes of the back and tenderness to palpation of the lumbar paraspinal area. Medications included Protonix, Oxycontin, Norco and Lyrica. The treatment plan included Protonix, Oxycontin, Norco, Lyrica, a trial of ultracin topically and the physician's recommendation for a CESI C5-6 and C6-7. The physician recommended Protonix to decrease opioid induced stomach upset. The request for authorization form was received on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg twice daily by mouth #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68..

Decision rationale: The request for Protonix 20mg twice daily by mouth #60 is not medically necessary. The injured worker had complaints of neck and low back pain described as sharp, dull, throbbing, burning, aching, electricity and pins and needles. He rated his pain at 9/10 with and without medications. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation the injured worker has an increased risk of gastrointestinal events. The injured worker does not have a history of peptic ulcer, gastrointestinal bleeding or perforation. The injured worker is not concurrently using ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID's. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.