

Case Number:	CM14-0128672		
Date Assigned:	08/15/2014	Date of Injury:	10/26/1998
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Medicine and is licensed to practice in Florida. 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 an injury on 10/26/1998 due to an unspecified mechanism of injury. The injured worker complained of neck pain. The injured worker had a diagnosis of degenerative lumbar, postlaminectomy, brachial neuritis, and unspecified thoracic lumbar. No diagnostics provided. The past treatments included a cervical epidural steroid injection, medication, massage therapy, physical therapy, and a therapeutic mattress. The medications included Oxycontin, Norco, Lyrica, Cymbalta, zolpidem, and trazodone. The physical examination dated 06/30/2014 revealed positive for migraine headaches, ambulates with a walker, tenderness to palpation over the cervical spine was decreased with range of motion, and gait was steady. Abnormal findings included a decrease range of motion in all planes, plus tenderness to palpate over the lumbar paraspinous area, and lumbar surgical scar was noted. Past surgeries included a status post lumbar laminectomy/discectomy in 1999, fusion 2001, hardware removal 2002, fusion 2011, and exploration of fusion 2011. The treatment plan included a spinal cord stimulator trial and medications. The Request for Authorization dated 08/15/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix Tablets 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS GI Page(s): 69.

Decision rationale: The request for Protonix Tablets 20mg #60 is not medically necessary. The California MTUS Guidelines indicate that proton pump inhibitors may be recommended for injured workers with dyspepsia, secondary to nonsteroidal anti-inflammatory therapy, or for those taking anti-inflammatory steroid medications who are at moderate to high risk for gastrointestinal events. The clinical notes did not address the gastrointestinal region. The injured worker did not have any signs and symptoms or complaints of gastrointestinal issues. The request did not address a frequency. As such, the request is not medically necessary.