

Case Number:	CM14-0151676		
Date Assigned:	09/19/2014	Date of Injury:	10/25/2011
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Injured worker is a male with date of injury 10/25/2011. Per appeal to a utilization review denial dated 8/21/2014, the injured worker had complained of back and low back pain at 3-4/10. He states that his neck pain has radiating symptoms to the bilateral upper extremities while his low back has decreased radiating symptoms. He further states that the bilateral L3-L4 transforaminal epidural steroid injection on 6/16/2014 provided him 60% significant pain relief. Examination of the cervical spine showed moderate paraspinous muscle tenderness and spasm extending to both trapezius muscles and left rhomboid muscle. Axial head compression and Spurling's tests were both positive. There was facet tenderness at C4 through C7 levels. Range of motion was limited in all planes. Lumbar spine examination revealed diffuse tenderness over the paraspinous muscles. There was moderate facet tenderness at L3-L4 level. Range of motion was restricted in all planes. There was decreased sensation along the bilateral L3 dermatomes. He was encouraged to continue his at home exercises and stretches as previously directed by physical therapy, as well as to engage in non-strenuous aerobic activity. He was advised to discontinue Motrin as it is causing acid reflux symptoms. Norco and Protonix were prescribed for symptomatic relief. Diagnoses include 1) cervical disc disease 2) cervical disc radiculopathy 3) left shoulder sprain//strain 4) lumbar disc disease 5) lumbar radiculopathy 6) lumbar facet syndrome 7) lumbar musculoligamentous strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. The requesting physician explains that the injured worker is experiencing stomach upset secondary to ingestion of his pain medications. Protonix is prescribed to reduce gastric acid secretion. It is noted however that the injured worker had complained of Motrin causing reflux symptoms, so Motrin was discontinued. He is currently not being treated with NSAID medications that might increase the risk of gastrointestinal events. Without the concurrent use of NSAID medications, medical necessity of this request has not been established. The request for Protonix 20 mg #30 is not be medically necessary.