

Case Number:	CM14-0167174		
Date Assigned:	10/14/2014	Date of Injury:	02/05/2006
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy and fusion surgery; sleep aids; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator approved a request for Ultram, approved a request for Ambien, approved a request for Celebrex, and denied a request for Protonix. It was acknowledged that the applicant had a history of gastritis in its Utilization Review Report; however, the claims administrator seemingly denied the request on the grounds that ODG's formulary stated that Prilosec and Prevacid were first-line drugs while Protonix was not a first-line drug. The claims administrator, it is incidentally noted, cite the text of this ODG reference/ODG formulary which it was basing its position on. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant received trigger point injection therapy. The applicant was described as having issues with chronic low back pain, status post earlier spine surgery, major depressive disorder, gastritis, cervical radiculopathy, and erectile dysfunction. The applicant was given refills of Protonix, Celebrex, Ambien, and Ultram. No other progress notes were on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Protonix (pantoprazole) are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here, the attending has posited and the claims administrator has acknowledged. Therefore, the request is medically necessary.