

Case Number:	CM14-0170772		
Date Assigned:	10/23/2014	Date of Injury:	07/07/2014
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 is 42 year old with an injury date on 7/7/14. Patient complains of ongoing, constant lumbar pain that fluctuates based on activity intensity, which radiates into bilateral buttocks but without any leg pain and without numbness/tingling per 9/2/14 report. Patient states that low back pain is worsened with repetitive bending or heavy lifting per 9/2/14 report. Based on the 9/2/14 progress report provided by the treater, the diagnosis is lumbar s/s with intermittent radiculopathy. Exam on 9/2/14 showed "L-spine range of motion is decreased, with extension at 10 degrees." Patient's treatment history includes lumbar bracing, and medications (ibuprofen, carisprodol). The utilization review determination being challenged is dated 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tabs 20mg, NDA# 20-987: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Anti-inflammatory medications; Antispasmodics; NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS: GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with constant lower back pain and bilateral buttock pain. The treater has asked for protonix tabs 20mg, NDA #20-987 on 9/2/14. Included documentation does not indicate how long patient has taken Protonix. Regarding proton pump inhibitors (PPIs), MTUS does not recommend routine prophylactic use along with non-steroidal anti-inflammatory drug (NSAID). Gastrointestinal (GI) risk assessment must be provided. In this case, the patient is taking an NSAID. There is no documentation, however, of any GI issues such as gastroesophageal reflux disease (GERD), gastritis or peptic ulcer disease (PUD). The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. The request is not medically necessary.