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| Case Number: | CM14-0173899 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 03/17/2013 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 March 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; and at least 12 prior sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for Protonix. The claims administrator's rationale is quite sparse and comprised almost entirely of cited MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In an August 15, 2014 progress note, the applicant reported ongoing complaints of neck, mid back, low back, and shoulder pain. The applicant did have derivative complaints of psychological stress. The applicant was not working, it was acknowledged. The applicant was given prescriptions for naproxen, Protonix, tramadol, LidoPro, and topical Terocin. It was stated that Protonix was being given for an upset stomach. This was not, however, elaborated upon. In a March 10, 2014 RFA form, however, it was noted that the applicant was 63 years old. It was stated that the applicant was using Protonix for upset stomach as of that point in time. On March 7, 2014, the applicant was given a renewal of Protonix for an upset stomach. On February 6, 2014, the applicant was described as no longer working. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant was again given Protonix for an upset stomach, again with no explicit discussion of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDS, GI Symptoms, and Cardiovascu.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, however, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has simply renewed Protonix from visit to visit, with no explicit discussion of whether or not Protonix has succeeded in ameliorating or attenuation the applicant's symptoms of upset stomach/dyspepsia. Therefore, the request is not medically necessary.