

Case Number:	CM14-0182509		
Date Assigned:	11/07/2014	Date of Injury:	10/17/2006
Decision Date:	12/26/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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:

Patient is a 60 year-old male with date of injury 10/17/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles. Deltoid abduction was 4+/5 on the right, biceps and finger thumb abduction was 4/5 on the right, triceps and wrist extension was 5/5 on the right. The patient's sensation has improved from the shoulder to the elbow but had some ongoing complaints of numbness on the volar aspect of the hand and forearm. Diagnosis: 1. C3-4 spinal cord compression with myelopathy 2. Status post anterior lumbar fusion L5-S1 with partial corpectomy, strut placement, 10/24/2013 3. Possible discitis/osteomyelitis L5-S1 4. Status post TLIF at L5-S1, and PSF at L3-5 5. Bilateral wrist pain secondary to use of a cane 6. L3-S1 facet arthropathy 7. L3-L4 stenosis 8. Bilateral lumbar radiculopathy 9. Status post C3-4 partial corpectomy with ACDF. The medical records supplied for review document that the patient has been taking the following medication for at least as six months. Medications were 1. Protonix 20mg, #60 SIG: TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60, prescribed 10/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix 20 mg #60, prescribed 10/15/14 is not medically necessary.