

Case Number:	CM14-0025448		
Date Assigned:	08/06/2014	Date of Injury:	06/15/1991
Decision Date:	09/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 65 year old female who had a work related injury on 6/15/91. There was no clinical documentation of mechanism of injury. Most recent clinical documentation submitted for review dated 2/25/14 the injured worker was back in for follow up bilateral low back pain radiating to the buttocks. She also reported increased neck pain and spasm with decreased range of motion. Pain was reported 6/10 on visual analog scale. Aggravating factors were prolonged sitting/standing, lifting, driving, twisting, any activities, coughing, and sneezing. Mitigating factors were lying supine, sitting, standing, stretching, medications, heat. Current medications were lorazepam, Wellbutrin, oxycontin, Dilaudid, Trazadone, levothyroxine, Abilify, Protonix, Lexapro, Lipitor, and Nuvigil. Review of systems including gastrointestinal, genitourinary, neurological, review that the patient had gastroesophageal reflux disease (GERD). Physical examination tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3 through S1 facet joints, bilateral sacroiliac joints, and cervical paraspinal muscles. Decreased lumbar range of motion in all directions. Cervical range of motion restricted by pain in all directions. Lumbar extension was worse than flexion. Cervical flexion was worse than extension. Lumbar discogenic provocative maneuvers were positive. Sacroiliac joint provocative maneuvers, Gaenslen, Patrick maneuver and pressure at the sacral sulcus were positive bilaterally. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 1 and symmetric bilateral in all limbs. Clonus, Babinski, Hoffman signs were absent bilaterally. Muscle strength 5/5 in all limbs. Diagnoses include status post spinal cord stimulator and bilateral sacroiliac radiofrequency nerve ablation and fluoroscopic guided diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, bilateral facet joint pain, lumbar post-laminectomy syndrome, cervical disc protrusion, cervical radiculopathy, cervical facet joint arthropathy, GERD, depression, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. www.drugs.com, Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton Pump Inhibitors.

Decision rationale: The request for Protonix 40mg #30 with 4 refills is medically necessary. The clinical documentation submitted for review does support the request for Protonix. There is clinical documentation that the injured worker has gastroesophageal reflux disease. She has been on chronic use of medication since the injury in 1991. As such, medical necessity has been established.