

Case Number:	CM14-0033339		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2011
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 DSB&G, Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 21, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, an earlier lumbar laminectomy surgery; muscle relaxants and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 18, 2014, the claims administrator approved request for Norco, Tramadol, and Gabapentin while denying a request for Protonix. Non-MTUS FDA Guidelines were cited in the decision to deny Protonix, a proton pump inhibitor, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In an October 22, 2013 progress note, the applicant was given refills of Norco, Ultram, Prilosec, Naprosyn, Neurontin, and Soma. The applicant's work status was not clearly stated. On January 15, 2014, the applicant again presented with persistent complaints of low back pain hip pain, and sleep deprivation reportedly associated with pain. The applicant was placed off of work, on total temporary disability. Physical therapy was sought.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labeling.pfizer.com/ShowLabeling.aspx?id=135>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 7 & 69.

Decision rationale: While page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there are no clearly voiced symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that an attending provider should tailor medications and dosages to the specific applicant taken into consideration applicant-specific variables such as comorbidities, other medications, and/or allergies. In this case, however, the attending provider did not provide any rationale which would justify provision of two separate proton pump inhibitors, Prilosec and/or Protonix. Therefore, the request is not medically necessary.