

Case Number:	CM14-0034378		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2012
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Nevada. 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 56-year-old gentleman who was reportedly injured on February 6, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of low back pain. The injured employee status post anterior lumbar interbody fusion at L5/S1 on October 1, 2013. The physical examination demonstrated a normal gait without the use of an assistive device. There was tenderness at the L2/L3 region and a normal lower extremity neurological examination. There was request for postoperative physical therapy and a repeat lumbar spine x-ray. A request had been made for Protonix and Methoderm gel and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (DOS 2/17/14) Protonix (Pantoprazole Sodium DR) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 -9792.26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor often prescribed for complaints of gastric upset secondary to anti-inflammatory medications. The medical record does not state the injured employee has side effects from anti-inflammatory medications nor should he be taking them in the postoperative period after a fusion. There also no complaints of other gastrointestinal issues. This request for Protonix is not medically necessary.

retrospective (DOS 2/17/14) Menthoderam gel 120mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non steroidal anti inflammatory agents. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 8th edition on topical analgesics and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Only topical analgesic agents containing anti-inflammatories, lidocaine, or capsaicin are recommended for topical usage. Menthoderam gel contains additional compounded ingredients which have not been shown to be effective. This request for Menthoderam gel is not medically necessary.