

Case Number:	CM14-0049867		
Date Assigned:	07/07/2014	Date of Injury:	03/04/2003
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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:

This is a case of a 49-year old male who has filed a claim for cervical spine sprain/strain, cervical and lumbar radiculopathy, cervical and lumbar disc disease associated with an industrial injury date of 03/04/2003. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient still complains of low back pain, unchanged since last visit, radiating down to both legs, associated with numbness, tingling, and cramping. He also complains of neck pain radiating to the left arm and hand associated with numbness and tingling in the hand. He has been taking his medications regularly and tolerates them well. He states that his medications are helping his pain. As of 05/23/13 patient had abdominal pain, blood in stool (dark in nature), and irritable bowel syndrome. Upon review of systems on the latest progress reports, however, the patient has no history of peptic ulcer disease. No current complaints of gastric upset, abdominal pain, diarrhea, constipation was also documented. Examination of the cervical spine showed decreased normal lordosis, tenderness and spasm over the cervical spine, facet tenderness along C4-C7 levels, positive axial head compression and Spurling sign bilaterally and decreased range of motion. Lumbar spine examination revealed moderate tenderness over the lumbar paraspinal muscles, moderate facet tenderness along L4-S1 levels, decreased ROMs, positive sacroiliac tests bilaterally: Fabere's, Sacroiliac thrust test, Yeoman's Test, and positive Kemp's test. No examination of the patient's abdomen was documented. Treatment to date has included medications, lumbar decompression, bilateral carpal tunnel release, physical therapy, and home exercises. Medications taken has included Prilosec, Gaviscon, Medrox patch, and Flexeril. He is currently on Norco and Protonix. Utilization review dated 04/04/2014 denied the request for Protonix because of lack of clinical indication to continue the medication. According to page 68-69 of the CA MTUS Guidelines, the clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI

bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient does not appear to be at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg one po bid (by mouth twice a day) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). ODG states that the use of a PPI, however, should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, although the patient has a history of gastropathy last 2013, no current complaints of gastric upset or gastropathy was documented. Furthermore, he currently is not taking any NSAID or ASA for his pain. The clinical necessity has not been established. Therefore, the request for Protonix 20 mg PO BID (by mouth twice a day) is not medically necessary.