

Case Number:	CM14-0054257		
Date Assigned:	09/12/2014	Date of Injury:	08/07/2001
Decision Date:	10/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 American Board of 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 records presented for review indicate that this 57 year-old male was reportedly injured on 8/7/2001. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 8/18/2014, indicates that there were ongoing complaints of chronic low back pain. No physical examination was performed on the above date of service, so 6/19/2014 was utilized. It states lumbar spine: lumbar facet joints are tender to palpation bilaterally. No recent diagnostic studies were available for review. Previous treatment includes medications, facet blocks, epidural steroid injections, physical therapy, acupuncture, medial branch blocks, and radiofrequency ablation. A request had been made for Protonix 40 mg and was denied in the pre-authorization process on 4/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gi Symptoms And Cardiovascular Risks Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records lists gastroesophageal reflux disorder as one of the claimant's diagnoses, but medical records fail to document any signs or symptoms of GI distress which would require PPI treatment. Also noted is the claimant is taking a Cox 2 inhibitor (Celebrex), which according to treatment guidelines, patients at intermediate risk for gastrointestinal events with no cardiac disease can take a nonselective NSAID with the PPI, or a Cox 2 selective agent. There is no documentation that the patient is at "high risk" for a gastrointestinal event. Therefore, this request is not considered medically necessary.