

Case Number:	CM14-0063102		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2005
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 06/19/2005. The injury reportedly occurred when a truss fell and struck him on the head and right shoulder. His diagnoses include cervical radiculitis, lumbar radiculopathy, postlaminectomy syndrome of the lumbar spine; lumbar spine failed back surgery syndrome, iatrogenic opioid dependency, medication-related dyspepsia, chronic pain, gastroesophageal reflux disorder, and failed spinal cord stimulator trial. His past treatments included the placement of a spinal cord stimulator, a lumbar disc decompression, and fusion at L4-5 and L5-S1, and medications. On 06/09/2014, the injured worker presented for pain management follow-up with complaints of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, ongoing headaches, erectile dysfunction, and severe gastrointestinal upset related to medication use. He rates his pain 10/10 with medications and 10/10 without medications and indicated worsening symptoms since his last visit. His medications included OxyContin, Protonix, Neurontin, Norco, and ibuprofen. His treatment plan included a referral to a neurologist for his headaches, a psychological clearance to proceed with a spinal cord stimulator trial, a plan to wean off narcotic medications after his spinal cord stimulator implantation, follow-up with a gastrointestinal specialist, and medication refills. It was noted that the injured worker was utilizing Protonix to limit his gastrointestinal adverse effects related to his chronic medication use, which included NSAID medications. It was noted that this medication was beneficial with the intended effects at the prescribed dose. The request for authorization form was submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: The request for Protonix DR 20 mg #60 is not medically necessary. According to the California MTUS Chronic Pain Guidelines, use of a proton pump inhibitor is supported for patients taking NSAID medications who have complaints of dyspepsia or who are at increased risk for gastrointestinal events. The clinical information submitted for review indicated that the injured worker is taking NSAID medications and has had complaints of dyspepsia related to medication use. Therefore, use of a proton pump inhibitor is supported. Additionally, the documentation indicated that the injured worker reported benefit with use of Protonix at the prescribed dose. However, the frequency was not provided with the request therefore, the request is not medically necessary.