

Case Number:	CM14-0063953		
Date Assigned:	07/11/2014	Date of Injury:	07/29/2012
Decision Date:	09/26/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 40-year-old female with a reported date of injury on 07/29/2012. The mechanism of injury was noted to be from a slip and fall while walking into the freezer. Her diagnoses were noted to include cervical spondylosis at C4-5 and C5-6 with radicular symptomology to the left upper extremity and degenerative disc disease with associated facet arthropathy at L3-4, L4-5, and L5-S1 with radiculopathy to the left lower extremity. Her previous treatments were noted to include medications, physical therapy, and epidural steroid injections. The progress note dated 03/03/2014 revealed complaints of low back pain with left leg radiating symptoms, neck pain, gastroesophageal reflux disease symptoms, and depressive symptoms. The injured worker reported symptoms of gastroesophageal reflux disease. The injured worker indicated her medications were Norco 10 mg 4 times a day, Protonix 40 mg daily, Ambien 10 mg at bedtime, naproxen 500 mg, and Imitrex for migraines. The physical examination revealed tenderness and spasms to the cervical spine with decreased range of motion and full range of motion to the shoulder. The motor strength testing was noted to be diminished and there was left paralumbar tenderness and guarding. The provider indicated the Ambien and omeprazole may be continued to treat the sleep disorder and gastroesophageal reflux disease symptoms. The Request for Authorization dated 04/09/2014 was for Protonix 40 mg twice a day for gastroesophageal reflux symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tabs 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular Page(s): 68.

Decision rationale: The request for Protonix tabs 40mg is not medically necessary. The injured worker complained of gastroesophageal reflux disease symptoms. The California Chronic Pain Medical Treatment Guidelines state physicians should determine if the injured worker is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding and perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or a high dose/multiple NSAID. There is a lack of documentation regarding the efficacy of this medication and the provider indicated the NSAIDs and narcotics were to be stopped. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.