MAXIMUS Federal Services

Case Number:	CM14-0072099		
Date Assigned:	07/16/2014	Date of Injury:	10/13/2009
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 62-year-old female who reported an injury on 01/13/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker developed chronic low back pain that radiated into the bilateral lower extremities. The injured worker's chronic pain was managed by medications. The injured worker was evaluated on 04/30/2014. It was documented that the injured worker's medications included MS Contin 30 mg, Norco 10/325 mg, metaxalone 800 mg at bedtime, and Protonix 2 pills a day. Physical findings included limited lumbar range of motion secondary to pain with a positive bilateral straight leg raising test and tenderness to palpation of the sacroiliac joints. It was noted the injured worker had tenderness to palpation to the lumbosacral paraspinal musculature and upper buttocks. The injured worker's diagnoses included failed back syndrome, lumbar degenerative disc disease, myofascial pain syndrome, and chronic lumbar back pain. A request was made for refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Protonix with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support the need for a gastrointestinal protectant. Additionally, Official Disability Guidelines do not recommend Protonix as a first line medication in the management of medication related gastrointestinal disturbances. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first line gastrointestinal protectants. Additionally, the requested 3 refills does not allow for timely re-evaluation and documentation of efficacy to support continued treatment. As such, the prospective usage of Protonix with 3 refills is not medically necessary or appropriate.