

Case Number:	CM14-0078197		
Date Assigned:	07/18/2014	Date of Injury:	02/14/2013
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 43-year-old male who sustained a work injury on 02/14/13 while working as a laborer while performing frequent lifting of 50-75 pound objects. He developed sudden severe low back pain radiating to the left lower extremity. Treatments included physical therapy. He underwent a lumbar laminectomy and discectomy at L4-5 and L5-S1 on 05/22/13. His past medical history includes hypertension and hypothyroidism. When seen on 10/24/13 medications were Norco and Naprosyn. EMG/NCS (Electromyogram/ Nerve conduction velocity) testing on 12/13/13 showed findings of bilateral lumbar radiculopathy. He underwent epidural injections on 01/29/14. On 02/21/14 there had been a 50-60% improvement after the epidural injections. Medications were Naprosyn 550 mg two times per day, Norflex 100 mg QHS, Neurontin 600 mg two times per day, and Prilosec 20 mg per day for stomach upset and heartburn. On 03/21/14 pain was rated at 3/10. He was taking medications regularly. He was having intermittent low back spasms. On 04/18/14 pain was rated at 4-5/10. He was having constipation. He was working full time. Medications were continued. Flexeril was being prescribed. He was continued with work restrictions. On 05/16/14 pain was rated at 7-8/10. Flexeril had caused dizziness and drowsiness. Norflex was prescribed. Naprosyn, Neurontin, and Protonix were continued. On 06/19/14 he was determined to be at maximum medical improvement. Physical examination findings included severely restricted lumbar spine range of motion with muscle spasm and tenderness. There was decreased left lower extremity strength and sensation and decreased lumbar spine range of motion with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Protonix 20 mg: 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, specific drug list& adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than one year status post work-related injury with treatments including a lumbar spine fusion. He has a past medical history of hypertension and hypothyroidism. He continues to be treated for chronic pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Protonix be prescribed. Therefore, 1 prescription of Protonix 20 mg is not medically necessary.