

Case Number:	CM14-0088312		
Date Assigned:	07/23/2014	Date of Injury:	01/25/2001
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 injured worker is a 51-year-old female was reportedly injured on January 25, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 13, 2014, is hand written and difficult to read. A prior notes dated May 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. Current medications include Norco, Zanaflex, Cartivasc, Tramadol, and Lunesta. The physical examination demonstrated tenderness along the lower lumbar spine in the L4 and L5 region. There was a trigger point at the bilateral L5 level. There was decreased sensation at the posterior aspect of the bilateral thighs and a positive bilateral straight leg raise test at 60 . Diagnostic imaging studies of the lumbar spine revealed a disc herniation at L4 - L5 and L5 - S1 with nerve root impingement at L4 - L5. Previous treatment includes a home exercise program and oral medications. A request was made for Protonix and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: Protonix is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented GI distress symptom. A review of the medical records does not indicate that the injured employees taking any anti-inflammatory medications nor is there any mention of gastrointestinal symptoms. For this reason, this request for Protonix is not medically necessary.