

Case Number:	CM13-0064545		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2010
Decision Date:	02/28/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial related injury on 03/23/2010 when he tripped and fell backwards on to the ground. The results of the injury included right hip and buttock pain, left knee and leg pain, and low back pain. The initial diagnoses were not provided. Per the most recent evaluation (10/03/2013), the injured worker's subjective complaints included continued low back pain radiating to the lower extremities. Objective findings on this report included tenderness to palpation of the lumbar paraspinals with noted spasms, guarding present, flexion of 40, extension of 20, and no neurological changes. There were no gastric symptoms reported. Treatment to date has included conservative care, medications, left knee partial meniscectomy (date unknown), physical therapy for the left knee, injections to the left knee, lumbar epidural steroid injections (ESI) (01/03/2011 & 05/16/2013), and facet ablation at L3-L5 (03/08/2012). Diagnostic testing has included: a lumbar provocative discogram (11/05/2012) revealing positive findings at L4-L5 and L5-S1 with negative control at L2-L3 and L3-L4; MRI of the left knee (11/11/2010) revealing a horizontal tear of the posterior horn of the medial meniscus; an electrodiagnostic study of the lower extremities (06/01/2010) revealing no evidence of radiculopathy or other abnormalities; and a MRI of the lumbar spine (05/27/2010) revealing a 2 mm disc protrusion with bilateral neural foraminal narrowing at L3-L4, a 2 mm disc protrusion at L4-L5 indenting the anterior aspect of the thecal with associated facet arthropathy and bilateral neural foraminal stenosis, and bilateral hypertrophic changes at the facets at the L5-S1 level. Current diagnoses include L4-L5 and L5-S1 discogenic pain, L5-S1 stenosis, facet symptoms, and lower extremity radiculopathy. Gastritis was added per the request for authorization (RFA)

dated 11/06/2014. The Protonix was requested for the treatment of gastritis which was noted to occur only when eating large amounts and lasting 1-20 minutes (per RFA 11/06/2013). Treatments in place around the time the Protonix was requested included activity restrictions and medications. The most recent list of current medications (08/02/2013) included FlexMid, Topamax, Synovacin, and a topical analgesic cream. The injured worker had been taking Anaprox DS in the past; however, it appears this medication had been discontinued for several months. It was also noted that the injured worker was waiting approval for a posterior fusion with screws and allograft, and bilateral decompression at L3-S1. The injured worker reported pain was unchanged. Functional deficits and activities of daily living were also unchanged. Work status remained the same as the injured worker continued to be temporarily totally disabled. Dependency on medical care is considered to be increased due to the recommendation for low back surgery. On 11/25/2013, Utilization Review non-certified a request for Protonix 20 mg BID (twice daily) PO (by mouth) #60 which was requested on 11/18/2013. The Protonix was non-certified based on insufficient clinical documentation of gastric symptoms related to medications being used to treat the injured worker's industrial injuries, and no documented use of non-steroid anti-inflammatory drugs (NSAIDs). The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Protonix 20 mg BID (twice daily) PO (by mouth) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms Page(s): 68..

Decision rationale: MTUS Guidelines supports the use of Proton Pump Inhibitors (PPI) when there are gastric symptoms due to medication use. The Guidelines address this under NSAID's, but opioids and other medications can cause similar symptoms and the same principles would apply. It is medically reasonable for a trial of a more potent PPI due to the symptoms reported. It is unclear what the outcome has been and an updated re-review could address the ongoing need for the medication. However, at the time of the request, the Protonix 20mg. #60 was medically reasonable.