

Case Number:	CM14-0196478		
Date Assigned:	12/04/2014	Date of Injury:	07/05/2005
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 62 year old male with an injury date of 07/05/05. The 10/30/14 progress reports states that the patient presents with an acute flare up of lower back pain and worsening GERD even with Prilosec usage. The 09/10/14 report states that prolonged sitting, standing or bending causes a marked increase in pain. 10/30/14 examination reveals tenderness in the lumbar musculature with restricted range of motion and pain at the end of range. The patient's diagnoses include lumbar strain with left L5 radiculopathy, lumbar HNP L4-5, hypertension, moderate central canal stenosis, lumbar, and anxiety/depression. Requested medications are Norco and Protonix. Recent prior reports show a request for Cyclobenzaprine. The physician is requesting for a GI consult for possible endoscopy due to increasing GI complaints. On 07/16/14 the physician states, "His medication seems to control back pain." The 04/02/14 report states, "...The Pantoprazole is not covering his GI discomfort." The utilization review being challenged is dated 11/10/14. The rationale is that the patient has flared up GI symptoms but has failed to respond to treatment of Pantoprazole in the past. Progress reports were provided from 11/15/13 to 10/30/14.

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. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Proton pump inhibitors (PPIs)

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

Decision rationale: The patient presents with acute flare up of lower back pain and worsening GERD. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors determining if the patient is at risk for gastrointestinal events. Such as, age is more than 65 years and history of peptic ulcers, GI bleeding, or perforations, concurrent use of ASA, corticosteroids, and/or anticoagulant, and high-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI reports show the patient was prescribed Pantoprazole from at least 01/15/14 to 04/02/14. It was ineffective in controlling the patient's GERD and another PPI, Nexium (Esomeprazole), was started. As of 10/30/14 Prilosec (Omeprazole a PPI) was prescribed, was ineffective for GERD and Protonix was restarted. The physician also requested for a GI consult on this date due to increasing GI complaints. The treatment plan of 12/03/13 shows the use of Naproxen (an NSAID); however, there is no evidence that there is current NSAID use per the reports provided. It appears the physician is trying different PPI's to control GERD and failure of this treatment has resulted in the physician request for a GI consult. In the meantime, continued use of a PPI would appear medically reasonable. The patient's NSAID has been stopped as well. Therefore the request is medically necessary.