MAXIMUS Federal Services

Case Number:	CM14-0210205		
Date Assigned:	12/23/2014	Date of Injury:	05/27/2014
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 37 year old male with an injury date on 05/27/2014. Based on the 10/29/2014 progress report provided by the treating physician, the diagnosis is:1. Lumbar Radiculopathy According to this report, the patient complains of "constant 7.5/10 throbbing low back pain, heaviness, numbness and tingling radiating to BLE with numbness and tinlging." Pain is aggravated by sudden movement, lifting 10 pounds, repetitive standing, walking, driving, climbing stair, bending, kneeling, twisting, and squatting. Physical exam reveals tenderness over the bilateral SI joints and lumbar paravertebral muscles. Muscles spasms is noted at the bilateral gluteus and lumbar paravertebral muscles. Straight leg raise test is positive. Patient's current medications are Protonix 20mg #60, Zanaflex 4mg #60, Naproxen 550mg #60, and Gabapentin 600 #60. The 10/09/2014 report indicates "intermittent moderate sharp low back pain and stiffness" that is a 7/10. The treatment plan is to perform Urinalysis, refill medications and compound creams. There were no other significant findings noted on this report. The utilization review denied the request for Protonix 20mg #60 on 11/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/27/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 10/29/2014 report, this patient presents with "constant 7.5/10 throbbing low back pain." The current request is for Protonix 20mg #60. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Naproxen (a NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.