

Case Number:	CM15-0001823		
Date Assigned:	01/12/2015	Date of Injury:	12/05/2013
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male sustained a work related injury on 12/05/2013. According to a progress report dated 11/26/2014, the injured worker complained of low back pain, numbness and tingling radiating to the bilateral lower extremities with numbness and tingling and left wrist pain. Diagnoses included lumbar radiculopathy and left wrist pain/strain. Medications included Protonix, Gabapentin, Zolpidem and Tramadol ER. Documentation submitted for review revealed no complaints of gastrointestinal symptoms from the injured worker. On 12/26/2014, Utilization Review non-certified Protonix 20mg (1 of 2). According to the Utilization Review physician, there was not documentation that the injured worker was at high risk for or had any gastrointestinal complaints. Guidelines cited for this review included CA MTUS Chronic Pain, NSAIDS, GI symptoms & cardiovascular risk page 68; Opioids pages 75, 78. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk and Opioids Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain

Decision rationale: Protonix 20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The request indicates no quantity. The ODG does not recommend Protonix unless the patient needs a proton pump inhibitor and has failed first line therapy. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor or has failed first line proton pump inhibitor treatment.