

Case Number:	CM15-0130953		
Date Assigned:	07/17/2015	Date of Injury:	06/10/2011
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 6/10/11. The mechanism of injury is not documented. The injured worker was diagnosed as having sprains and strains of lumbosacral joint and ligaments and traumatic arthropathy of lower leg. Treatment to date has included Oxycodone and Voltaren gel, sacroiliac joint injection and activity restrictions. Currently on 6/9/15, the injured worker complains of minimal low back pain. She is temporarily totally disabled. Physical exam performed on 6/9/15 revealed no tenderness over the entire spine, normal gait and tenderness to palpation of left greater trochanteric area. The treatment plan included a request for authorization for Protonix 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS (2009), Protonix, is proton pump inhibitor (PPI) that is recommended for patients taking Non-steroidal anti-inflammatory drugs (NSAIDs), with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Documentation does not support this injured worker had any GI symptoms or risk factors. There is also no documentation noting the current utilization of NSAIDs. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Protonix has not been established. The requested medication is not medically necessary.