MAXIMUS Federal Services

Case Number:	CM15-0137406		
Date Assigned:	07/27/2015	Date of Injury:	10/22/2014
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: California
Certification(s)/Specialty: Family Practice

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 48-year-old female who sustained an industrial injury on October 22, 2014 resulting in radiating low back pain. She was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and post annular tear at L3-5 and L4-5. Documented treatment has included use of a back brace, physical therapy, chiropractic therapy which is stated to have given her relief, acupuncture, pain injections, and Ibuprofen. The injured worker continues to report low back pain radiating down her bilateral lower extremities with weakness. The treating physician's plan of care includes Protonix, 20 mg. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

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 Official Disability Guidelines (ODG) Pain Chapter/ Proton pump inhibitors (PPIs).

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 medical records note that the injured worker is being prescribed Relafen 750 mg #60, however, the medical records do not establish gastrointestinal complaints or history of gastritis or gastric ulcers. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Moreover, per ODG, Protonix is second-line proton pump inhibitor and the medical records do not establish failure of first line proton pump inhibitor such as omeprazole. The request for Protonix 20mg #30 is not medically necessary and appropriate.