

Case Number:	CM15-0028594		
Date Assigned:	02/20/2015	Date of Injury:	08/30/2008
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 49 year old female, who sustained an industrial injury on 06/30/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include post laminectomy syndrome, arachnoiditis, lumbar radiculitis/sciatica, hypertension, analgesic induced constipation, and gastropathy secondary to anti-inflammatory medication. Treatment to date has included medication regimen, laboratory studies, above noted surgery, request for physical therapy, request for a repeat echocardiogram, and a request for the medications of Norco, Lactulose, and Benicar. In a progress note dated 11/17/2014 the treating provider reports complaints of bilateral leg cramping and low back pain after walking or lying down. Progress note from 11/18/2014 the treating provider noted that constipation has worsened. The documentation provided did not contain the current requested of Protonix. On 02/09/2015 Utilization Review non-certified the requested treatment for 90 of Protonix 20 mg between 02/03/2015 and 05/07/2015, noting the California Chronic Pain Medical Treatment Guidelines, May 2009, NSAIDS, GI Symptoms & Cardiovascular Risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for omeprazole in the insured.