

Case Number:	CM15-0031941		
Date Assigned:	02/25/2015	Date of Injury:	08/15/2003
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, 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:

This 45-year-old female sustained an industrial injury on 8/15/03, with subsequent ongoing back and neck pain. Magnetic resonance imaging cervical spine (7/29/13) showed foraminal stenosis at C6-7 bilaterally and on the right C3-4. In a visit note dated 11/24/14, the injured worker complained of neck pain. The injured worker reported ongoing use of Norco and Lyrica for pain control. The injured worker complained of constipation but denied heartburn, nausea, abdominal pain, black tarry stools or throwing up blood. Physical exam was remarkable for antalgic gait. The injured worker ambulated with a walker. Current diagnoses included long term use of medications and cervical disc displacement without myelopathy. The treatment plan included medications Norco 10-325mg every 8 hours for pain, Lyrica and Protonix 20mg daily. Per the doctor's note dated 1/13/15, the physical examination revealed weakness in UE and LE, positive SLR and negative Tinel sign. Patient has received an unspecified number of PT visits for this injury. The patient has had MRI of the cervical spine that revealed degenerative changes and EMG revealed C8 radiculopathy. The patient had received cervical ESI for this injury. The medication list includes Ambien, Norco, Lyrica, Abilify, oxybutynin, Terazocin, ibuprofen, and Protonix. The patient's surgical history includes cholecystectomy. On 2/11/15 and on 3/11/15 patient denies any heartburn, nausea, or abdominal pain and a detailed physical examination of the GIT was not specified in the records provided

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30 with one refill: Upheld

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

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

Decision rationale: Request: Protonix 20mg #30 with one refill. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events-Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. On 2/11/15 and on 3/11/15 patient denies any heartburn, nausea, or abdominal pain and a detailed physical examination of the gastrointestinal system was not specified in the records provided. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of the request for Protonix 20mg #30 with one refill is not fully established in this patient, and therefore the requested treatment is not medically necessary.