

Case Number:	CM15-0032649		
Date Assigned:	02/26/2015	Date of Injury:	05/17/1997
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 47-year-old male who sustained an industrial injury on 05/17/1997. Current diagnoses include lumbar radiculopathy, lumbosacral root lesion, back pain-intractable, chronic pain syndrome, and cauda equina syndrome with neurogenic bladder. Previous treatments included medication management, heat, rest, physical therapy, home exercise program, and massage. Report dated 02/20/2015 noted that the injured worker presented with with improvement in gastrointestinal upset with Protonix and discontinuing the ibuprofen. The injured worker has complaints of pain over lower back, buttock area, and ankle pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/30/2015 non-certified a prescription for Protonix, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The most recent progress note dated November 13, 2014 does indicate that the injured employees currently prescribed ibuprofen but does not indicate any G.I. upset or history of a G.I. disorder as defined by the American college of gastroenterology. Therefore, this request for Protonix is not medically necessary.