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| Case Number: | CM15-0041677 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 03/10/2010 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/05/2015 |

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: Emergency 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 37 year old female who sustained an industrial injury on 03/10/12. Mechanism of injury is described as from pulling a heavy table. Patient has a history of prior L4-5 interbody infusion and chronic back pain. Prior treatments include surgery, medications, and physical therapy. Prior diagnostic studies were not provided. Current complaints include low back pain. Objective exam reveals well healed scar, midline lumbar pain, spasms and decreased range of motion. In a progress note dated 01/23/15 the treating provider reports the plan of care as continued physical therapy, medications to include Norco, Prilosec, and gabapentin, and a request for acupuncture. The requested treatments are Prilosec, and Protonix. Prilosec was prescribed on 12/17/14 and Protonix is from 1/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30 prescribed on 1/23/15: Upheld

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

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

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Documentation does not report any NSAID use and does not document any dyspepsia. Protonix is not medically necessary.

Prilosec 20mg #30 prescribed on 12/17/14: Upheld

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

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

Decision rationale: Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Documentation does not report any NSAID use and does not document any dyspepsia. Prilosec is not medically necessary.