

Case Number:	CM15-0049966		
Date Assigned:	03/23/2015	Date of Injury:	04/03/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 3, 2013. In a Utilization Review Report dated March 12, 2015, the claims administrator failed to approve a request for Protonix. An RFA form received on March 5, 2015 was referenced in the determination, along with a progress note of February 16, 2015. The applicant's attorney subsequently appealed. In a progress note of October 20, 2014, the applicant presented with multifocal complaints of low back and knee pain. The applicant was returned to regular duty work, while Protonix, Tylenol No. 3, and Fexmid were endorsed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. The applicant was 50 years old as of this point in time, it was incidentally noted. The applicant was, once again, returned to regular duty work on February 16, 2015. The applicant did report ancillary complaints of stress, anxiety and depression. Protonix, Tylenol No. 3, and Flexeril were renewed. Once again, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

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

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

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Protonix are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple office visits referenced above, including, most recently, on February 17, 2015. Therefore, the request was not medically necessary.