

Case Number:	CM15-0056794		
Date Assigned:	04/01/2015	Date of Injury:	02/21/2011
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on February 21, 2011. He reported low back pain. The injured worker was diagnosed as having lumbar disc disorder, discogenic lumbar condition, weight gain, anxiety and sleep disturbances. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of headaches, anxiety, sleep disturbances, persistent back spasms, stiffness, and tightness and radiating pain and tingling to the upper and lower extremities. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he refused injections and surgical intervention at an earlier date. He did not attend aquatic therapy. Medications were used to treat the continued pain. Evaluation on April 8, 2014, revealed continued pain. Evaluation on February 19, 2015, revealed continued pain as noted. Protonix and pain medications were renewed. He was to continue home exercises and heat and cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tabs 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix Page(s): 67-68; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Medications for chronic pain Page(s): 69, 60.

Decision rationale: According to the 02/19/2015 report, this patient presents with persistent back spasms, stiffness and tightness that is worse with activities. The current request is for Protonix tabs 40mg #60 and this medication was first noted in the 09/16/2014 report. The patient's current medications are Tramadol ER, Naproxen, and Protonix. The request for authorization is on 02/19/2015. The patient's work status is currently not working. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID -e.g., NSAID + low-dose ASA. MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently prescribed Naproxen; an NSAID and has no gastrointestinal side effects with medication use. The treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request IS NOT medically necessary.