

Case Number:	CM15-0082664		
Date Assigned:	05/05/2015	Date of Injury:	01/03/2000
Decision Date:	06/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on January 3, 2000, incurring lower back, left shoulder, right wrist and other upper extremity injuries after a motor vehicle accident. He was diagnosed with a right shoulder sprain, carpal tunnel syndrome, lesion of the ulnar nerve and thoracic radiculitis. Treatment included pain medications, neuropathic medications; transcutaneous electrical stimulation unit and proton pump inhibitor. Currently, the injured worker complained of low back and upper extremity pain from 3/10 through 8/10 worst in the lower back. The lower back pain radiates to the buttocks and down into the feet. The injured worker continued to require the use of his medications to maintain control of his pain. The treatment plan that was requested for authorization included a prescription for Protonix.

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 Proton Pump Inhibitors (PPIs) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to the attending physician report dated 1/4/15, the patient has continued complaints of lower back and lower extremity pain. Additionally, he has complaints of left shoulder and right elbow pain. The current request is for Protonix 20 mg QTY: 30. Protonix is a proton pump inhibitor that decreases the amount of acid produced in the stomach and is used to treat erosive esophagitis and other conditions involving excess stomach acid. The MTUS states that protonix is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. Risk factors include: (1) age greater than 65; (2) history of peptic ulcers, GI bleeding, or perforations; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; (4) high-dose multiple NSAIDs. In this case, according to the documentation, the patient is taking Oxycontin, Norco, Gabapentin and Ambien. There is no mention of NSAIDs or GI complaints or history of GI events. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The current documentation does not establish medical necessity for the request of Protonix. As such, recommendation is for denial and is not medically necessary.