

Case Number:	CM15-0088056		
Date Assigned:	05/12/2015	Date of Injury:	01/20/2014
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 38 year old male, who sustained an industrial injury on 1/20/2014. He reported acute onset low back pain. Diagnoses include lumbar spine radiculopathy, discopathy, cervical spine radiculopathy and discopathy and myofascial dysfunction. Treatments to date include medication therapy and physical therapy and trigger pint injections. Currently, he complained of driving a forklift and a steel beam hit him. On 3/12/15, the physical examination documented decreased cervical range of motion with mild pain to left trapezius muscle. The lumbar spine also had decreased range of motion and right side positive straight leg raise test. There was heel-to-toe ambulation difficulty. The plan of care included Protonix 20mg, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tab 20mg #60: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are the cervicgia. Date of injury is January 20, 2014. A progress note dated November 2014 shows the injured worker was taking Naproxen and Prilosec. There is no documentation indicating injured worker had co-morbid conditions or a past medical history compatible with G.I. events. Specifically, there was no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. A progress note by the requesting physician dated March 12, 2015 shows the treating provider prescribed Protonix 20mg. There was no documentation indicating the injured worker was taking a non-steroidal anti-inflammatory drug. Additionally, the treating provider prescribed Protonix 20 mg PO b.i.d. Protonix is indicated once daily. Consequently, absent clinical documentation with a clinical indication and rationale for a proton pump inhibitor in the absence of risk factors and co-morbid conditions, Protonix 20 mg #60 is not medically necessary.