MAXIMUS Federal Services

Case Number:	CM15-0240167		
Date Assigned:	12/17/2015	Date of Injury:	11/12/1998
Decision Date:	01/21/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/09/2015

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: 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 injured worker is a 67 year old female who sustained an industrial injury on November 12, 1998. The IW noted previously deemed as permanent and stationary. The IW is being treated for: CS strain and sprain, cervical disc herniation, dizziness with repeated falls, mild dyspepsia, and loss of balance and post discectomy fusion. Subjective: October 27, 2015 reported flare up of neck pain and requiring medication. She reported the medication offering pain relief, and increased sleep and activity. Objective: left side cervical musculature tenderness to palpation and moderate spasms noted; well healed scar and diminished ROM in all planes. Medication: March 2015: RFA for Protonix, Celebrex, and Voltaren gel. June 2015: Voltaren two months' supply. August 2015: RFA for Voltaren gel, Protonix and Celebrex. October 2015: RFA Celebrex, and Protonix. Treatment: modified activity and work, medication. On November 03, 2015 a request was made for Protonix 20mg #120 two month supply that was noncertified by Utilization Review on November 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker is a 67 year old female diagnosed with cervical disc herniation, dizziness with repeated falls, mild dyspepsia, loss of balance and post discectomy fusion. Current medications include Protonix and Voltaren gel. Oral NSAIDs have not been certified. There is no indication for the use of Protonix at this time. The request for Protonix 20mg #120 is determined to not be medically necessary.