

Case Number:	CM13-0030474		
Date Assigned:	11/27/2013	Date of Injury:	04/19/2001
Decision Date:	01/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 04/19/2001. The patient was recently seen by [REDACTED] on 11/18/2013. Physical examination revealed moderately limited range of motion of the left hip and lumbar spine, tenderness to palpation and spasm over the bilateral lumbar region and left hip, and positive Kemp's testing bilaterally. The patient is diagnosed with low back pain, lumbosacral pain, pain in a joint and hip pain. Treatment recommendations included continuation of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted for review, there is no documentation of cardiovascular disease

or risk factors for gastrointestinal events. The medication dosage and quantity were not provided. The medical necessity has not been established. The request for Protonix is not medically necessary and appropriate.