

Case Number:	CM14-0001318		
Date Assigned:	01/22/2014	Date of Injury:	01/12/2009
Decision Date:	06/10/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 35 year old male who reported an injury on 01/12/2009. Per a discharge summary dated 09/10/2013 the injured worker underwent surgery to the cervical spine at the C6-C7 level including removal of anterior hardware, repair of the pseudoarthrosis, revision decompression and grafting of anterior cervical fusion, and realignment of kyphotic deformity. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PROTONIX 20MG #90 (DOS 7/15/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Pain Chapter, Proton Pump Inhibitors (PPI'S)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, Page(s): 68.

Decision rationale: Per the CA MTUS guidelines proton pump inhibitors are recommended for patients at risk of gastrointestinal events. This includes those greater than 65 years old, those with a history of peptic ulcer, GI bleeding or perforation, those with concurrent use of ASA, corticosteroids, and/or an anticoagulant, and those taking high dose/multiple NSAID (e.g.,

NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. There is a lack of documentation indicating the injured worker was having any signs or symptoms of gastrointestinal distress or had a diagnosis of GERD. It did not appear the injured worker was at risk for gastrointestinal events or had a history of GI bleeding, peptic ulcer, or perforation. The injured worker does not meet the recommended guidelines for use of a proton pump inhibitor. Therefore, the request for retrospective Protonix 20mg #90 is not medically necessary.