

Case Number:	CM14-0002368		
Date Assigned:	01/24/2014	Date of Injury:	10/09/2004
Decision Date:	06/13/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology and is licensed to practice in Massachusetts, Connecticut, New Jersey, and Texas. 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 65 year-old female who is reported to have sustained work related injuries on 10/09/04. The injured worker is reported to have developed low back pain after a tire blew out on the bus she was driving. She is reported to be status post a lumbar fusion with chronic low back pain which radiates in the left lower extremity. She has been treated with oral medications and physical therapy. Requests for transforaminal lumbar epidural steroid injections have not been approved. A physical examination dated 11/01/13 is remarkable for a positive straight leg raise on the left. Motor, sensory, and reflexes are intact. An examination by the same provider dated 12/31/13, reports motor strength loss on the left, decreased reflexes, and positive straight leg raise on the left. A request for Protonix 20 mg # 90 was non-certified under utilization review dated 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PROTONIX 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University Of Michigan Health System. Gastroesophageal Reflux Disease (Gerd). Ann Arbor (Mi): University Of Michigan Health System, May 2012, Page 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Chronic Pain, Proton Pump Inhibitors.

Decision rationale: The request for Pronix 20 mg # 90 is not supported as medically necessary. The submitted records indicate the injured worker is a 65 year-old female who is status post lumbar fusion. She is noted to have chronic pain as a result. The records do not provide date which establishes that the injured worker has medication induced gastritis for which this medication would be indicated. As such, the request does not meet evidenced based recommendations and medical necessity has not been established, therefore is not medically necessary.