

Case Number:	CM14-0102262		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2013
Decision Date:	09/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 3/14/13. A utilization review determination dated 6/4/14 recommends non-certification of pain management consultation and Protonix. 6/24/14 medical report identifies complaints of low back and left leg pain. Medications help somewhat, but the pain does not allow her to do ADLs. She is requesting stronger pain medication. On exam, there is lumbar tenderness with muscle spasms, limited ROM, SLR with low back and left leg pain at 40 degrees, and positive FABER on the left. The provider recommended a pain management consultation with possible ESI as well as Norco, naproxen, and omeprazole. 4/29/14 medical report identifies low back pain. On exam, there is lumbar tenderness with muscles spasms, limited ROM, SLR positive on the left at 40 degrees with "signs of dural irritation," and FABER positive on the left. Recommendations included naproxen, Protonix, pain management consultation with ESI and 6 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation 05/27/14 quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that the intention of the provider is for the consultation to include consideration for ESI, but there is no clear indication for ESI in the absence of physical exam and imaging and/or electro diagnostic corroboration of radiculopathy. However, there may be some utility in a pain management consultation with regard to medication management as well as a more thorough workup to determine whether or not some form of interventional treatment would be indicated. In light of the above, the currently requested pain management consultation is medically necessary.

Protonix 20mg, per 05/27/14 form quantity 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68-69 of 127 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Protonix is not medically necessary.