

Case Number:	CM14-0160311		
Date Assigned:	10/03/2014	Date of Injury:	05/01/2012
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

The injured worker is a 64-year-old male who reported an injury due to cumulative trauma on 06/01/2012. On 07/23/2014, his diagnoses included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, bilateral sensorineural hearing loss, and medication induced gastritis. His complaints included persistent low back pain with significant radicular symptoms to both lower extremities as well as numbness to both lower extremities and feet. He rated his pain at 7/10. His medications included Norco 10/325 mg, Protonix 20 mg, Neurontin 600 mg and Fexmid 7.5 mg. The rationale for the requested Protonix was to treat his occasional medication-induced gastritis symptoms. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman's and Gilman's The Pharmacological Basis Of Therapeutics, 12th edition, McGraw Hill, 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20mg #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Protonix, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants or high dose/multiple NSAID use. Protonix is used to treat gastroesophageal reflux disease and damage to the esophagus (esophagitis), Helicobacter infections and high levels of acid in the stomach caused by tumors. The injured worker did not have any of the above diagnoses nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Protonix 20mg #60 is not medically necessary.