

Case Number:	CM14-0161654		
Date Assigned:	11/13/2014	Date of Injury:	08/31/2013
Decision Date:	12/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Interventional Spine 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 patient is a 44 year old female with an injury date of 08/31/14. Based on the 05/29/14 progress report provided by treating physician, the patient complains of low back pain, soreness and tightness. Patient states she can't work, walk or stand for long periods. Patient is prescribed Naproxen and is starting aqua therapy. She is temporarily totally disabled. Physical examination to the lumbar spine on 08/13/14 revealed tenderness to palpation in the upper, middle and lower paravertebral muscles. Range of motion was decreased, especially on extension, 15 degrees. Per Request for Authorization form dated 08/27/14, provider requested Anaprox, Protonix and Tramadol for the diagnosis of lumbar sprain and lumbosacral/thoracic radiculitis. Diagnosis 05/29/14- lumbosacral, lumbar spine sprain/strain Diagnosis 08/13/14- chronic lumbar spine strain- chronic left lumbar radiculopathy- lumbar disc protrusion at L5-S1 Treating physician is requesting PROTONIX TABS 20MG. The utilization review determination being challenged is dated 09/05/14. The rationale is "diagnosis to support use and delineated criteria are not met." Treatment reports were provided from 03/27/14 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tabs 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with low back pain, soreness and tightness. The request is for Protonix tabs 20mg. Patient states in progress report dated 05/29/14 that "she can't work, walk or stand for long periods." Patient is prescribed Naproxen and is starting aqua therapy. She is temporarily totally disabled. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. FDA indications <http://www.drugs.com/pro/protonix.html>, are present "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." Per Request for Authorization form dated 08/27/14, provider requested Anaprox, Protonix and Tramadol for the diagnosis of lumbar sprain and lumbosacral/thoracic radiculitis. Provider has not documented reason for the request. In this case, there is no documentation of GI issues, intended prophylactic use due to NSAIDs or mention of functional benefit. Therefore, this request is not medically necessary.