

Case Number:	CM14-0183742		
Date Assigned:	11/07/2014	Date of Injury:	09/19/2013
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational medicine and is licensed to practice in Colorado. 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 worker is a 54-year-old male injured on September 19, 2013. There were complaints of neck and lumbar spine pain. There was pain radiating down the left leg with associated numbness and tingling. An MRI scan of the lumbar spine showed an L4-5 disc bulging of 3 mm. At L5-S1 there was a 3 mm posterior disc bulge. The cervical spine MRI shows a 3.5 mm disc bulging at C5-6. Nerve conduction studies on April 21, 2014 of the lower extremities were normal. The worker received physical therapy treatment, muscle relaxants, anti-inflammatory medicines, and narcotics.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS states that proton pump inhibitor medications such as Omeprazole are used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. These medications are also used for patients at

intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use. The MTUS also states that long-term Omeprazole use (greater than 1 year) has been shown to increase the risk of hip fracture. In this case, there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy and the worker's risk profile appears to be low. Therefore, the request for a proton pump inhibitor medication is not medically necessary or appropriate.