

Case Number:	CM14-0028253		
Date Assigned:	03/19/2014	Date of Injury:	08/13/2012
Decision Date:	04/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Illinois. 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 42-year-old who reported an injury on September 12, 2012. The patient was most recently seen on February 18, 2014 for a follow-up for bilateral inguinal pain with associated swelling. The pain reportedly involves his left groin, which exceeds that of his right, and also has subsequent low back discomfort persistent, which is occasionally associated with some tingling that extends beyond the plantar surface of both feet. On the physical examination, there was no loss of muscle bulk present in either lower extremity, with moderate tenderness present in the lower paralumbar region, more on the left side versus the right. Bilateral focal inguinal tenderness was noted with a reducible mass on each side, with no motor deficit present in the lower extremities with symmetric deep tendon reflexes. The patient was sensitive to light touch in both lower extremities, with Valsalva maneuver positive with bilateral reducible masses in the inguinal regions. The patient also had a positive straight leg raise test on the left side at approximately 10 degrees. The patient reportedly had undergone an MRI of the lumbar spine on 02/01/2014, which noted a disc desiccation at the L5-S1 level, with suggestion of an annular fissure and 2 mm central and right paracentral posterior disc protrusion making contact with the anterior aspect of the thecal sac. The patient has been diagnosed with bilateral inguinal hernias and lumbar radiculitis with 2 mm of the L5-S1 disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG, 60 COUNT, ONE TABLET TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: Regarding the request for Protonix 20 mg, a total of 60 tablets, 1 tablet twice a day; according to Chronic Pain Medical Treatment Guidelines, patients at intermediate risk for gastrointestinal events with no cardiovascular disease may benefit from the use of a proton pump inhibitor. In the case of this patient, although it was noted that the patient has been prescribed oral medications to include tramadol and Flexeril, there was no rationale for prescribing the patient with Protonix without having evidence of gastrointestinal issues. This medication is not for prophylactic use. Without having a thorough rationale for the requested service, to include objective findings of gastrointestinal events (to include acid reflux, a history of ulcers or GI issues due to medication use), the requested service cannot be supported at this time. The request for Protonix 20 mg, 60 count, one tablet twice a day, is not medically necessary or appropriate.