

Case Number:	CM14-0076514		
Date Assigned:	07/18/2014	Date of Injury:	09/16/2010
Decision Date:	09/24/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 38-year-old female who was reportedly injured on 09/16/2010. The mechanism of injury was not listed in the records reviewed. The last progress report, dated 06/18/2014, noted the injured worker complaining of lower back pain which radiated into both lower extremities to the feet, rated at 9-10/10 on the visual analog scale. There was palpable tenderness of the paravertebral muscles bilaterally. No other tenderness was noted. Her gait was normal. No gross deformity in contour of the back was seen. All pulses in the lower extremities were present. Deep tendon reflexes were equal and symmetrical. Motor power was 5/5 throughout the lower extremities. Sensation was intact. Straight leg raises were negative. Medications taken were Motrin 800mg for inflammation and pain, as well as Protonix 20mg as a precaution for gastric irritation. A request was made for Protonix 20mg. #60 and was denied by utilization review on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 320mg, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: There is no documentation that the injured worker has risk of gastrointestinal (GI) events or cardiovascular disease. Therefore proton pump inhibitors as a precaution are not indicated. Medical necessity has not been established.