

Case Number:	CM14-0090537		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2002
Decision Date:	06/09/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 47-year-old male, who sustained an industrial injury on 1/10/02. The diagnoses have included past history of hypertension and diabetes, cervical discogenic condition status post cervical fusion with disc bulging, lumbar radiculopathy status post fusion, and depression. Treatment to date has included medications, hot and cold modalities, activity modifications, diagnostics and home exercise program (HEP). Currently, as per the physician progress note dated 5/23/14, the injured worker complains of constant neck pain rated 9/10 on pain scale and back pain rated 7/10 on pain scale. The neck pain radiates to the head with intense pressure and results in headaches on a daily basis. He also complains of pain in the bilateral hands with associated spasms, numbness and tingling. It is noted that he is currently not working and he manages to do light chores. He also admits to depression and sleeping issues due to pain. The objective findings revealed decreased cervical and lumbar range of motion, blood pressure is 149/82 and pulse is 82. The current medications included Norco, Tramadol, Protonix, Flexeril, Remeron, Effexor, Trazadone, Neurontin, and Naproxen. The physician requested treatment included Protonix 20mg, # 60 to treat stomach upset from medications.

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, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, there was no indication for further need of NSAIDs that would require the use of a PPI. The claimant had been on PPIs for over 3 years including prior Prilosec use. Therefore, the continued use of Protonix is not medically necessary.