

Case Number:	CM14-0092417		
Date Assigned:	07/25/2014	Date of Injury:	12/14/2003
Decision Date:	06/09/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52-year-old male, who sustained an industrial injury on December 14, 2003. He reported twisting his lower back while performing his usual and customary duties, with the onset of low back pain. The injured worker was diagnosed as having moderate disc collapse with severe disc desiccation at L4-L5, moderate to severe disc collapse with severe disc desiccation at L5-S1, severe facet arthropathy at L4-L5 and L5-S1, and status post laminectomy and discectomy L5-S1 2004. Treatment to date has included physical therapy, epidural injection, bracing, MRI, MRCP, abdominal CT, x-rays, and medication. Currently, the injured worker complains of persistent low back pain. The Secondary Treating Physician's report dated May 27, 2014, noted the injured worker had recently had a two-week trial of the Fentanyl patch, reporting being very pleased with the results with his ability to tolerate increased activity. A lumbar spine MRI was noted to show a disc protrusion at L5-S1, undergoing a discectomy at L5-S1 in 2004, noted to improve his low back pain and decreased the radiating pain into his right lower extremity. The injured worker's current medications were listed as Protonix and Fentanyl patches. The treatment plan was noted to include medications prescribed including Fentanyl and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 52 year old male has complained of low back pain since date of injury 12/14/03. He has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for Protonix. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Protonix is not indicated as medically necessary in this patient.