

Case Number:	CM15-0112474		
Date Assigned:	06/18/2015	Date of Injury:	07/06/2014
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who sustained a work related injury July 6, 2014. According to a primary treating physician's progress report, dated May 19, 2015, the injured worker presented with low back pain, with intermittent radiation of numbness and pain down the posterior aspect of the bilateral lower extremities to her feet. Her pain improves with rest and medication. She is taking gabapentin for neuropathic symptoms and Flexeril as needed for muscle spasms. She reports some gastrointestinal upset; constipation, nausea and abdominal pain with medications, for which she takes Protonix. She reports the medication improves her tolerance for walking and sitting for longer periods and allows her to perform activities of daily living such as cooking meals and light cleaning with less pain. MRI of the lumbar spine dated January 26, 2015 (report not present in medical record) revealed disc bulges L4-L5 and L5-S1. Diagnoses are sprain/strain, lumbar region; pain psychogenic not elsewhere classified. Treatment plan included renewal of medication, discussion of lumbar epidural injection and a functional restoration program. At issue, is the request for authorization for Pantoprazole-Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Overturned

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 NSAIDS, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The patient has ongoing complaints of low back pain which travels into the lower extremities. The current request is for Pantoprazole-Protonix 20mg #60. The treating physician report dated 4/16/15 (3c) indicates that the patient is prescribed NSAIDs and suffers with GI complaints. According to MTUS NSAIDs, GI symptoms and cardiovascular risk pages 68, 69 state, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient is currently prescribed Nabumetone-relafen 500mg #90 and has complaints of constipation, nausea and abdominal pain. The physician states there is GI upset secondary to medication usage that is relieved with protonix. The current request is supported by the MTUS guidelines and is medically necessary.