

Case Number:	CM15-0117135		
Date Assigned:	06/25/2015	Date of Injury:	10/24/2006
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 24, 2006. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced a May 27, 2015 progress note in its determination. The claims administrator also failed to approve a request for Ultracet. The applicant's attorney subsequently appealed. On an IMR application dated June 17, 2015, the applicant's attorney seemingly stated that only the determination for Protonix is being appealed. On April 21, 2015, the applicant reported 9/10 low back pain radiating to the bilateral lower extremities, exacerbated by sitting, standing, lifting, twisting, and coughing. The applicant was working part time, it was stated in one section of the note. The applicant's medication included tramadol, Vicodin, Motrin, and Protonix, it was stated. The applicant's GI review of systems was negative, it was reported on this date. The attending provider sought authorization for multiple injections. On June 2, 2015, the attending provider likewise reported a negative GI review of systems. The applicant was using tramadol, Vicodin, Motrin, and Protonix on this date, it was reported. On March 25, 2015, it was suggested that the applicant was concurrently working and collecting disability benefits of some kind. The applicant's review of systems was positive for issues with sleep, stress, and depression. Vicodin, Nalfon, Ultracet, Protonix, Ativan, LidoPro cream, and Topamax were all apparently endorsed. On May 25, 2015, the applicant was given prescriptions for Ultracet, Protonix, Vicodin, and Ativan. It was stated that the applicant was off of work owing to flare of pain in one section of the note. In another section it was stated that the applicant would return to

work shortly. The attending provider stated that Protonix was being prescribed for upset stomach, but did not specifically state whether the applicant was or was not personally experiencing symptoms of the same.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: No, the request for Protonix (pantoprazole), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's personally experiencing symptoms with reflux, heartburn, and/or dyspepsia on a pain management note of June 2, 2015 or an orthopedic note dated May 27, 2015. Therefore, the request was not medically necessary.