

Case Number:	CM15-0123176		
Date Assigned:	07/07/2015	Date of Injury:	11/19/2013
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker was a 41 year old male, who sustained an industrial injury, November 19, 2013. The injured worker was assisting other co-workers with moving an industrial press, when one of the workers stopped lifting and the weight shifted to the injured worker. The injured worker reported back pain and difficulty lifting a leg up to leave the premises. The injured worker previously received the following treatments Buprenorphine, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities normal and lumbar spine x-rays showed minimal degenerative changes. The injured worker was diagnosed with stenosis spinal lumbar, disorders sacrum and sciatica. According to progress note of June 8, 2015, the injured worker's chief complaint was low back pain with radiation down the bilateral lower extremities, left greater than the right. There was numbness and tingling into the bilateral lower extremities left greater than the right. The pain was aggravated by any kind of heavy lifting, prolonged sitting, standing or walking. The pain was rated at 7 out of 10. The physical therapy helped temporarily, but the pain level was back to baseline. The objective findings reported the injured worker was not exhibiting acute distress, anxiety, distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation. The physical exam noted normal motor strength of the upper and lower extremities. There was mild tenderness at the lumbar paraspinal musculature. The forward flexion was 65 degrees. There was pain with axial loading of the lumbar facet joints. There was tenderness of the lumbosacral junction. The range of motion of the lumbar spine was decreased by 20% with flexion, 20% with extension and 30% rotation bilaterally. The sensation was decreased to light touch along the left calf compared to the right lower extremity. The straight leg raises were negative bilaterally. The treatment plan included prescriptions for Pantoprazole and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pantoprazole Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Pantoprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Pantoprazole 20mg #60 is not medically necessary.

Trazodone 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: Trazodone is used for short term use for insomnia. There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for 60 Trazodone 50mg is not medically necessary.