

Case Number:	CM15-0136378		
Date Assigned:	07/24/2015	Date of Injury:	09/29/2014
Decision Date:	12/04/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/14/2015

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 56-year-old who has filed a claim of chronic mid and low back pain reportedly associated with an industrial injury of September 29, 2014. In a Utilization Review report dated July 4, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced a June 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On multiple RFA forms dated June 24, 2015, medication management consultation and several topical compounds were endorsed. On an associated progress note dated June 24, 2015, the applicant reported 5-7/10 mid and low back complaints. The topical compound in question, Protonix, and oral Voltaren were apparently prescribed and/or dispensed. There was no mention, however, of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg #60 (dispensed) 6/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: No, the request for Protonix, 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 inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, on the June 24, 2015 office visit at issue. Therefore, the request is not medically necessary.