

Case Number:	CM15-0173840		
Date Assigned:	09/15/2015	Date of Injury:	10/19/2010
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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
 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 male individual who sustained an industrial injury on 10-19-10. Diagnoses include right hip pain; chronic pain syndrome; neck pain; lumbar and cervical radiculitis; cervical and lumbar degenerative disc disease; lumbar stenosis; cervical discogenic pain syndrome. He complains of achy pain in the head, neck, shoulders, upper extremities, low back and right lower extremity. His pain level has improved to 7 out of 10 without medications and 4 out of 10 with medications. Medications allow him to perform activities of daily living such as hygiene, household chores, childcare and socialization. On physical exam of the lumbar spine, there was tenderness over the paraspinals, increased pain with flexion and extension and straight leg raise was positive bilaterally; cervical spine reveals tenderness over the cervical paraspinals, myofascial restrictions appreciated tenderness over the facet joints, decreased range of motion in all planes but improved since last visit. Diagnostics include MRI of the lumbar spine (10-18-13) and MRI of the cervical spine (10-18-13) both showing abnormalities. Treatments to date include cervical spine surgery (4-17-14) with benefit; massage therapy with benefit; home exercise program; transcutaneous electrical nerve stimulator unit which is helpful with pain relief; lumbar spine injection which provided about 6 months of pain relief; medications: Norco, amitriptyline, gabapentin, Flexeril, Colace, omeprazole to help with gastrointestinal upset caused by his medications (8-14-15) which are helpful; physical therapy. In the progress note dated 8-14-15, the treating provider's plan of care included a request for Protonix 20mg #60 for gastrointestinal upset caused by medications as omeprazole was denied; ice pack to reduce pain. On 8-25-15 utilization review evaluated and non-certified the request for

Protonix 20mg #60 based on no documentation of the injured worker failing first-line treatments; ice pack based on no specialized equipment is required to provide ice therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

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: The patient presents with pain in the cervical and lumbar spines. The request is for PROTONIX 20MG #60. Patient is status post cervical spine surgery, 04/17/14. Physical examination to the cervical spine on 09/11/15 revealed tenderness to palpation over the cervical paraspinals and over the facet joints. Range of motion was reduced in all planes. Patient's treatments have included massage therapy, home exercise program, Tens unit, heat/ice therapy, and medication. Per 08/14/15 progress report, patient's diagnosis include hip pain, right; chronic pain syndrome; neck pain; lumbar radiculitis; degenerative disc disease, cervical; lumbar stenosis; lumbar degenerative disc disease, cervical radiculitis; cervical degenerative pain syndrome; DDD (degenerative disc disease), cervical; cervical radiculitis; cervical discogenic pain. Patient's medications, per 06/12/15 progress report include Omeprazole, Norco, Gabapentin, Cyclobenzaprine, Amitriptyline, and Colace. Patient is currently not working. MTUS Chronic Pain Treatment Guidelines 2009, page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) In progress report dated 09/11/15, treater is prescribing Protonix for GI upset caused by medications. In the same report, treater states that the patient has tried taking his medications without a PPI and gets GERD-like symptoms. Review of the

medical records provided indicate that the patient has utilized Omeprazole (another PPI) since at least 01/13/15. MTUS guidelines allow the use of PPI's for prophylactic use along with oral NSAIDs when appropriate GI risk is present. MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. Given the patient's GI issues, the request is medically necessary.

Ice pack: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs Low Back Chapter under Cold/Heat Packs.

Decision rationale: The patient presents with pain in the cervical and lumbar spines. The request is for ICE PACK. Patient is status post cervical spine surgery, 04/17/14. Physical examination to the cervical spine on 09/11/15 revealed tenderness to palpation over the cervical paraspinals and over the facet joints. Range of motion was reduced in all planes. Patient's treatments have included massage therapy, home exercise program, Tens unit, heat/ice therapy, and medication. Per 08/14/15 progress report, patient's diagnosis include hip pain, right; chronic pain syndrome; neck pain; lumbar radiculitis; degenerative disc disease, cervical; lumbar stenosis; lumbar degenerative disc disease, cervical radiculitis; cervical degenerative pain syndrome; DDD (degenerative disc disease), cervical; cervical radiculitis; cervical discogenic pain. Patient's medications, per 06/12/15 progress report include Omeprazole, Norco, Gabapentin, Cyclobenzaprine, Amitriptyline, and Colace. Patient is currently not working. ODG Guidelines, Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs, states: "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)" ODG Guidelines, Low Back Chapter under Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The treater has not specifically addressed this request; no RFA was provided either. Review of the medical records indicate that the patient has been utilizing Hot/Cold Therapy Aids (Ice and Heat Wrap/Gel Pack) since at least 01/13/15. In progress report dated 09/11/15, the treater states that the patient's continues with his HEP, heat/ice, and TENS, which help improve his pain and function. Given the patient's continued pain and the guidelines support for the use of cold/heat packs, the request is medically necessary.