MAXIMUS Federal Services

Case Number:	CM15-0174414		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2011
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: Connecticut, California, Virginia
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 injured worker is a 46 year old female, who sustained an industrial injury on 12-5-11. The injured worker has complaints of low back pain with increased pain on extension and lateral bending. There is spasm on the paravertebral muscles and there is also evidence of tenderness on palpation over the bilateral sacroiliac joints. The documentation noted on 7-16-15 that the injured workers gait is wide based and heel-toe walk is performed with difficulty secondary to low back pain. There is diffuse tenderness to palpation over the lumbar paraspinal muscles and there is moderate facet tenderness to palpation at the L4 through S1 (sacroiliac) levels. The documentation noted on 7-16-15 the injured workers urine drug screen through the Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R) scored a 17, indicating that the injured worker is at moderate risk for narcotic abuse, misuse and dependency. Magnetic resonance imaging (MRI) of the lumbar spine on 7-9-15 showed there is a posterior annular tear at L3-L4 and L4-L5; at L3-L4, there is a 2 millimeter midline disc protrusion resulting in effacement of the anterior thecal sac with no neural abutment or central canal narrowing and at L4-L5, there is a 1 millimeter midline disc bulge and at L5-S1 (sacroiliac), there is a 2 millimeter midline disc bulge. The diagnoses have included sprain of lumbar; lumbar discopathy and lumbar facet syndrome. Treatment to date has included chiropractic treatment and therapy that has helped slightly; positive response to diagnostic lumbar medial branch nerve blocks; home exercise program; Relafen; protonix; flexeril and ultram ER. The original utilization review (8- 25-15) non-certified the request for protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG #30: 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: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The provided records do not indicate that attempted treatment with a first line PPI (Omeprazole) failed. It is unclear why Protonix, as a second-line treatment, is being utilized in this case. Without clear indication of GI disturbance/risk and lack of evidence to support failed first-line treatment, the request cannot be considered medically necessary at this time.