

Case Number:	CM15-0177594		
Date Assigned:	10/07/2015	Date of Injury:	04/27/2011
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 27, 2011. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant received an epidural steroid injection. On August 24, 2015, the applicant reported severe escalation of low back pain with ancillary complaints of neck pain. Standing, bending, and lifting remained problematic. The treating provider suggested that the applicant was working on a part-time basis in one section of the note. Neurontin, Protonix, tramadol, and Relafen were endorsed. The attending provider stated that the applicant was using Protonix for stomach upset and heartburn but made no mention of the applicant's experiencing issues with stomach upset and/or heartburn in the body of the note. It was not stated whether Protonix was or was not effective on this date. On July 27, 2015, the attending provider again stated that the applicant had heightened complaints of low back pain. The applicant's work status was not clearly reported on this occasion, although the treating provider stated that the applicant had a "stipulated award," suggesting that the applicant was not working as of this date. Protonix was again endorsed for reported stomach upset purposes. Once again, there was no mention of the applicant's personally experiencing issues with heartburn in the body of the note, nor was there any mention of whether Protonix was or was not effective. On September 23, 2015, the attending provider stated that the

applicant was working on a part-time basis in one section of the note. Ongoing complaints of neck and low back pain were reported. The applicant reported issues with constipation, the treating provider reported toward the top of the note. The applicant was given a prescription for Protonix for stomach upset. Once again, there was no explicit mention of whether the applicant was personally experiencing such symptoms, nor did the attending provider state whether or not ongoing usage was or was not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg 2 by mouth once a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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. In this case, however, there was no explicit mention of the applicant's personally having issues or symptoms with reflux, heartburn, and/or dyspepsia on office visits of September 23, 2015, August 24, 2015, or July 27, 2015. While the treating provider stated that Protonix was being prescribed for issues with stomach upset toward the bottom of the note, there was no explicit mention of the applicant's personally experiencing such symptoms anywhere in the body of said note(s). Page 47 of the ACOEM Practice Guidelines further stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, however, the attending provider did not ever state whether or not ongoing usage of Protonix was effective on any of the progress notes at issue of July, August, or September 2015. Therefore, the request was not medically necessary.