

Case Number:	CM15-0031273		
Date Assigned:	04/15/2015	Date of Injury:	01/07/2011
Decision Date:	05/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female who sustained an industrial injury on 1/7/2011. Her diagnoses, and/or impressions, include: recurrent lumbosacral spinal stenosis and herniation; residuals of musculoligamentous strain lumbosacral spine; disc protrusion lumbar spine; status-post lumbosacral micro-discectomy (5/2009); recurrent lumbosacral radiculopathy; and intractable lumbago radiculopathy. Current magnetic resonance imaging studies of the lumbar spine were noted to have been done on 1/14/2015. A 4 view lumbar series was noted to have been done on 10/24/2014. Her treatments have included lumbar epidural steroid injection therapy (10/16/14); authorization for lumbar spine surgery on 1/29/2015; lumbar brace; and medication management. The progress notes of 12/29/2014, noted moderate lower back pain that radiated to the lower extremities. The physician's requests for treatments included Protonix to protect the stomach, and Transdermal Scopolamine to be taken 4-6 hours prior to surgery to prevent nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: Protonix 20 mg #45 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Protonix is therefore, not medically necessary.