

Case Number:	CM15-0033815		
Date Assigned:	02/27/2015	Date of Injury:	06/15/2011
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: Family Practice

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 44 year old male, who sustained an industrial injury on 01/20/2015. On provider visit dated 01/20/2015 the injured worker has reported low back pain that radiates down his bilateral lower extremities. He also complained on cervical spine pain and headaches. The diagnoses have included lumbar spine disc bulge and lumbar spine with left-sided L5 and S1 radiculopathy. Treatment plan included physical therapy, pain management and medication dispensed Ambien for sleep and Protonix for relief stomach upset. On 02/11/2015 Utilization Review non-certified retrospective Protonix 20mg #60. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient receives treatment for chronic low back pain that radiates to the lower extremities and headaches. The treating physician requests treatment with Protonix. Protonix (omeprazole) is a proton pump inhibitor (PPI). PPIs are medically indicated to treat peptic ulcer disease. A PPI may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Protonix is not medically indicated.