

Case Number:	CM15-0074034		
Date Assigned:	04/24/2015	Date of Injury:	07/09/2010
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/17/2015

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 41-year-old male who sustained an industrial injury on 07/09/2010. Diagnosis is lumbar degenerative disc disease. Treatment to date has included diagnostic studies, medications, home traction unit, psychiatric evaluation, and epidural steroid injections. A physician progress note dated 02/23/2015 documents the injured worker complains of chronic pain across the lower back as well as pain extending down the right and left lower extremities. His pain is rated 4 on a scale of 10. With his medications, he is able to do more activities of daily living, and his overall symptoms have been helped. There is decreased range of motion in the lumbar spine, and there is positive lumbar tenderness and paraspinous muscle spasm. His medications include Naprosyn, Fexmid, Neurontin, and Protonix. Treatment requested is for Protonix 20 MG BID #60 with 6 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG BID #60 with 6 Refills: Upheld

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

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

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case the patient is getting good relief of symptoms with use of Naproxen, and a history of GI side effects with use of NSAIDs is noted in the record. The provided records also indicate that attempted treatment with a first line PPI (Omeprazole) failed, making Protonix a reasonable choice. It is unclear why the twice daily dosing is being utilized in this case, and the utilization review decision to modify the request is reasonable. The initial request was excessive and indicates that close follow up is not a concern. In a patient with chronic use of NSAIDs, a history of GI disturbance, and failure of treatment with first line therapy, close follow up is indicated based on the risk of severe GI complications. Therefore, the initial request for Protonix #60 with 6 refills is not considered medically appropriate.