

Case Number:	CM15-0079995		
Date Assigned:	05/01/2015	Date of Injury:	08/07/2014
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 32-year-old male, with a reported date of injury of 08/07/2014. The diagnoses include right lumbar radiculopathy, lumbar spine strain, and lumbar extruded disc herniation at L4-5 and large protrusion at L5-S1. Treatments to date have included acupuncture, electrodiagnostic studies, and oral medications. The progress report dated 04/08/2015 indicates that the injured worker had flare-ups to his lower back. The objective findings include a non-antalgic gait, tenderness to palpation in the upper, mid, and lower paravertebral muscles of the low back, increased pain with lumbar motion, negative straight leg raise test, lumbar flexion at 20 degrees, lumbar right lateral bending at 20 degrees, lumbar left lateral bending at 15 degrees, lumbar right lateral rotation at 25 degrees, lumbar left lateral rotation at 20 degrees, lumbar extension at 15 degrees, and decreased sensation of the bilateral lower extremities in the L5 distribution. The treating physician requested Protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, protonix is not medically necessary.