MAXIMUS Federal Services

Case Number:	CM15-0094963		
Date Assigned:	05/21/2015	Date of Injury:	03/22/2012
Decision Date:	07/01/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male, who sustained an industrial injury on 3/22/12. He reported injuries to right side of body, waist, rib, leg, ankle, back and psych. The injured worker was diagnosed as having chronic lumbar spine strain, chronic right lumbar radiculopathy, chronic degenerative joint/degenerative disc disease of lumbar spine, lumbar spine stenosis with bulging of L4-5 and L5-S1, history of right rib contusion and status post right hemi-laminectomy L4-5. Treatment to date has included right hemi-laminectomy (5/17/13), oral medication including narcotics, NSAIDS and Protonix, physical therapy and home exercise program. Currently, the injured worker complains of continued low back pain. He notes improved function, greater tolerance to exercise and better adherence to recommended activity level with medications. He has not worked since the injury. Physical exam noted tenderness to palpation of right upper, mid and lower paravertebral muscles with restricted range of motion and decreased sensation of right lower extremity at L5 distribution and trace weakness of right extensor halluces longus and tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protoix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor (PPI) Page(s): 9, 22, 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and CV Risk Page(s): 68-69.

Decision rationale: The patient has complaints of continued low back pain. The current request is for Protonix 20mg #30. Protonix (pontoprazole) is a proton pump inhibitor that decreases the amount of acid in the stomach. The MTUS Guidelines state Protonix is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. Furthermore, the guidelines recommend a trial of Omeprazole or Lansoprazole before Protonix therapy, as Protonix is considered second-line therapy. However, the records do not discuss a trial of first line PPI therapy. In this case, the patient is less than 65 years of age. There is no discussion of history of peptic ulcers, GI bleeding, or perforations. There is no concurrent use of Aspirin, corticosteroids, and/or anticoagulant. There is also no evidence of high-dose multiple NSAIDs. The available medical records do not establish the medical necessity for Protonix. As such, recommendation is for denial. The request is not medically necessary.