

Case Number:	CM13-0031068		
Date Assigned:	12/04/2013	Date of Injury:	09/15/2010
Decision Date:	09/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old female who reported an industrial injury to the elbow on 9/15/2010, four years ago, attributed to the performance of customary job tasks. The patient has been treated with medications; surgical intervention to the elbow during 4/2013; post operative PT. The patient reported left elbow pain. The objective findings on examination included decreased grip strength; TTP; irritation to the epicondyle and ulnar nerve distribution. The patient was prescribed topical NSAID Flurbiprofen cream; Anaprox; Neurontin; Norco; and Protonix 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF PROTONIX 20MG #90:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, NSAIDs Page(s): 67-68, 22.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient

is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Protonix 20 mg #90 routinely for prophylaxis for the prescribed pain management medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole or Protonix. The patient is documented to be taking Naproxen; however, there is no documented GI issue. There is no industrial indication for the use of Protonix due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Protonix is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Protonix automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Protonix was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Protonix 20 mg #90.