

Case Number:	CM13-0040206		
Date Assigned:	12/20/2013	Date of Injury:	02/08/2012
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The patient is a 43-year-old female with a DOI of 2/8/12 who hurt herself running on uneven ground. Her diagnosis includes lumbar spine sprain, bilateral hip sprain, right hip internal derangement with labral tear, right-sided sacroiliac joint sprain, right trochanter bursitis, suspicious labral tear on the left hip, right hip surgery on April 5, 2013. Exam on October 8, 2013 shows lumbar spine tenderness to palpation, right hip tenderness the palpation, left hip tenderness to palpation and the patient is using a cane for support. The patient is taking Flexeril gabapentin Lidoderm patches Motrin and Protonix. She has been treated with surgery and therapy. She has taken different NSAIDS through her treatment. There is no documentation of GI event risk. There is no record the patient has had stomach pain, or upset stomach, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg tablets 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor (PPI). CA MTUS recommends PPI for patients with risk of gastrointestinal event. These risk factors include age greater than 65 years to history of peptic ulcer or G.I. bleeding, or use of high-dose NSAIDs. This patient does not meet guideline criteria for the use of PPI. Therefore, this medication is not medically necessary.