

Case Number:	CM13-0051655		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2007
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 54-year-old male, who was injured on 4/23/07. According to the 10/22/13 report from the provider, the patient presents with 7/10 bilateral knee pain. The patient has been diagnosed with internal derangement of the right knee status post medial and lateral meniscectomy, chondroplasty with grade III chondromalacia at the medial facet of the patella, and medial femoral condyle; and internal derangement of the left knee due to compensation for the right. The provider notes that naproxen was denied and he wanted to appeal it. The provider also recommended Protonix for stomach upset from taking medications. The earliest report available for this Independent Medical Review (IMR) is dated 8/27/13, from the provider and it also requests an appeal for naproxen. The only other medical report for this IMR is dated 12/3/13 and the provider is requesting appeal for Protonix

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation FDA (Food and Drug Administration) indications <http://www.drugs.com/pro/protonix.html>.

Decision rationale: The patient presents with bilateral knee pain. Limited information is available for this IMR (Independent Medical Review). There are three medical reports from the provider, dated 8/27/13, 10/22/13 and 12/3/13. The records show that naproxen was being appealed on 8/27/13 and 10/22/13, and on 12/3/13 Protonix was appealed, but there was no mention if the naproxen was approved or not. The Protonix was prescribed for stomach upset from medications. The CA MTUS allows use of a PPI (proton pump inhibitor) if there is dyspepsia secondary to NSAID (Nonsteroidal anti-inflammatory drug) therapy, or if the patient meets any of the MTUS risk factors for GI (gastrointestinal) events. The available records do not indicate that the patient has any of the MTUS risk factors for GI events, and it is not clear if he has been using naproxen which was apparently denied on a previous UR (utilization review). The labeled indications for Protonix is Gastroesophageal Reflux Disease (GERD) Associated with a History of Erosive Esophagitis. The available records do not discuss symptoms of GERD. The request does not appear to be in accordance with MTUS or the FDA (Food and Drug Administration) labeled indications for Protonix.