

Case Number:	CM13-0052767		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2011
Decision Date:	06/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/16/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 26 year old male injured on 07/21/11 while attempting to arrest a suspect and slipped and fell. The injured was diagnosed with left transverse femur fracture status post Open Reduction Internal Fixation (ORIF), left knee strain, left trochanteric bursitis, left knee internal derangement, left sacroiliac joint inflammation, depression, and insomnia. Subsequent physical therapy, medication management, and extensive diagnostic workup for continued pain to the low back and left lower extremity is reported. The clinical note dated 10/16/13 indicates pain present to the left hip, left knee, left leg, and sacroiliac joint. Previous MRI performed on 04/15/13 revealed meniscal tear of the left knee. Physical examination revealed swelling, stiffness, and tightness along the low back with radiation to the left leg. EMG studies of the lower extremities have been normal. The patient takes medications to achieve functional status. The patient has returned to work status as a security officer and is working approximately 30 hours per week. The patient has been utilizing psychiatric counseling on a routine basis for depression and insomnia with positive results. Medications include Norco 10/325mg, Tramadol ER, Terocin lotion, Flexeril 7.5mg, Protonix 20mg, Naproxen 550mg, Trazodone 50mg, Effexor 75mg, and LidoPro lotion. The clinical indicates the injured was advised to continue using the back brace, hot and cold wraps, and the TENS unit. Previous utilization review approved the use of Naproxen 550mg and denied Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines-Online version, Pain Chapter, Proton Pump Inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of amino salicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Previous documentation indicated the patient has complained of gastric upset with the use of medications and reported black stools on occasion. Additionally, the patient has been on long-term narcotic therapy and was approved for the continued use of Naproxen, a non-steroidal anti-inflammatory drug. As such, the request for Protonix 20MG #60 is recommended as medically necessary.