

Case Number:	CM13-0055160		
Date Assigned:	04/25/2014	Date of Injury:	06/15/2008
Decision Date:	06/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/20/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 60-year-old male who was injured on June 15, 2008. The patient continued to experience pain in his bilateral knees. Physical examination was notable for trace effusions of the bilateral knees, knee range of motion 0-125 degrees, and well-healed arthroscopic portals. The diagnosis was right knee chondromalacia. The treatment included medications, Synvisc injections, steroid injections, and home exercises. The requests for authorization for protonix 20 mg #90 on 4/15/13, protonix 20 mg #90 on 6/10/13, protonix 20 mg #90 on 7/8/13, and protonix 20 mg #90 on 7/25/13 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #90 ON 4/15/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKER'S COMPENSATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Protonix is the proton pump inhibitor (PPI) pantoprazole. The Chronic Pain Guidelines indicate that PPI's are used in the treatment of peptic ulcer disease and may be

prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal (GI) events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, such as NSAID + low-dose ASA. The patient in this case was using an NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

PROTONIX 20 MG #90 ON 6/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKER'S COMPENSATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Protonix is the proton pump inhibitor (PPI) pantoprazole. The Chronic Pain Guidelines indicate that PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal (GI) events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, such as NSAID + low-dose ASA. The patient in this case was using an NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

PROTONIX 20 MG #90 ON 7/8/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKER'S COMPENSATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Protonix is the proton pump inhibitor (PPI) pantoprazole. The Chronic Pain Guidelines indicate that PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal (GI) events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, such as NSAID + low-dose ASA. The patient in this case was using an NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

PROTONIX 20 MG#90 ON 7/25/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKER'S COMPENSATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Protonix is the proton pump inhibitor (PPI) pantoprazole. The Chronic Pain Guidelines indicate that PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal (GI) events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, such as NSAID + low-dose ASA. The patient in this case was using an NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.