

Case Number:	CM13-0059847		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2003
Decision Date:	06/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery and is licensed to practice in California and Oklahoma. 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 54 year old male injured on 10/28/03 due to undisclosed mechanism of injury. The injured worker underwent multiple left knee surgeries including Carticel replacement and finally hemiarthroplasty with good results. Clinical documentation dated 11/08/13 indicated the injured worker presented for evaluation of left knee which he reported was relatively stable. The injured worker required medication only as needed. He utilized bracing, hot and cold wrap, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Objective clinical findings revealed slightly antalgic gait, full extension of knees and flexion 100 degrees, and mild crepitation with range of motion. The injured worker was currently working full time. Prospective request for Motrin 800mg, Ultracet 37.5mg, and Protonix 20mg for upset stomach was provided. The initial request for one prescription of Protonix 20mg #60 was initially non-certified on 11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PROTONIX 20MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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 (NSAID) use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (e.g., NSAID + low-dose Acetylsalicylic Acid ASA). Previous documentation indicated the use of proton pump inhibitors was for gastric protection; however, subsequent documentation provides clarifying documentation to establish the injured worker experiences upset stomach necessitating medication management. As such, the request for one prescription of Protonix 20mg #60 is medically necessary.