MAXIMUS Federal Services

Case Number:	CM13-0061015		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2013
Decision Date:	08/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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 claimant is a 52 year old male injured worker with date of injury 5/4/13 with related right knee pain. Per a progress report dated 8/5/13, he described his pain as sharp and dull, mild to moderately severe in intensity. He denied numbness, tingling, or weakness of the knee. He denied knee edema, and foot or ankle pain. A MRI of the right knee dated 6/3/13 revealed an intrasubstance degeneration of the posterior horn of the medial meniscus. There was no evidence of meniscal or cruciate ligament tear. He has been treated with knee support, physical therapy, and medication management. The date of UR decision was 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PROTONIX 20MG #90 (DISPENSED 10/11/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: It is noted in the documentation that the injured worker suffers reflux symptoms secondary to NSAID therapy. However, as noted per the guidelines, Protonix is a second-line medication. The medical records do not establish whether the patient has failed attempts at first line PPIs, such as omeprazole or lansoprazole, which should be considered prior to prescribing a second line PPI such as Protonix. The request is not medically necessary.