

Case Number:	CM13-0063252		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2006
Decision Date:	12/08/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 patient with reported date of injury on 1/4/2006. No mechanism of injury was provided for review. The patient has a diagnosis of "gastro" and fatty liver, morbid obesity and hypertension with signs of end organ damage. Also has a history of diabetes. There is no documentation of how these diagnosis related to undocumented injury. Medical reports reviewed. Last report available until 8/26/12. Many of the progress notes are hand written. Review of the notes is limited by poor legibility and very limited documentation. Subjective complaints only notes monitoring of blood sugar and blood pressure. Nothing else is legible in multiple progress notes. Objective exam is not legible in multiple progress notes. Only noted plan is a list of medications. There is no rationale or justification of why protonix was requested. No medication list was provided for review. Only noted to be on Benicar, Metformin, Glipizide and Protonix. Only noted medication list is a prescription dated 2/18/14 which is over 6months after request for service. It is not clear if these medicines were being taken during time of requested service or it these medications were approved. Terocin, Tramadol, Zofran, Protonix and Cyclobenzaprine was checked off. Independent Medical Review is for Protonix 20mg #90(retrospective for 8/21/12). Prior UR on 11/27/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Retrospective request for Protonix 20 mg # 90 DOS 8/21/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks, Page(s): 68-69.

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does meet high risk criteria to warrant PPIs but there is no documentation provided to support NSAID related dyspepsia. Patient does not even appear to be on NSAIDs. Due to poor documentation and lack of justification documented by provider, the request for Protonix is not medically necessary.