

Case Number:	CM13-0069064		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2011
Decision Date:	05/27/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 48-year-old male with a date of injury of 09/26/2011. The listed diagnoses per the provider are: hypertension with left ventricle hypertrophy, gastroesophageal reflux disease (GERD), and Irritable bowel syndrome (IBS). According to report dated 11/26/2013 the provider, the patient presents for follow up. This report is handwritten and partially illegible. Under subjective complaint section, it notes "blood pressure has been 126/80, states had cup of coffee this a.m." It was noted patient has not had any chest pain, taking Protonix daily. Under objective findings include blood pressure and some remarks in regards to soft abdomen and no organomegaly (illegible). The treatment plan is for Benicar 20 mg, Bystolic 1 mg, and Protonix 20 mg. It was noted that patient should stop naproxen. The utilization review is dated 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PROTONIX WITH A DATE OF SERVICE OF 11/26/2013:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal symptoms & cardiovascular risk, pg. 69.

Decision rationale: This patient presents with hypertension, gastroesophageal reflux disease (GERD), and Irritable bowel syndrome (IBS). The treating provider is requesting a refill of Protonix 20 mg. A utilization review dated 12/04/2013 denied the request for Protonix stating the "GERD diagnosis that the provider has been treating patient for is not an accepted part of his current industrial claim." The MTUS Guidelines discuss proton-pump inhibitors (PPIs) in the context of concurrent non-steroidal anti-inflammatory drug (NSAID) use. This patient is not on any NSAIDs but does suffer from GERD. Protonix appears to be effective in managing the patient's GERD symptoms. The recommendation is for authorization.