MAXIMUS Federal Services

Case Number:	CM13-0069875		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2006
Decision Date:	04/24/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational 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 is a represented former housekeeper who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of October 5, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; medications for diabetes; blood pressure lowering medications; and proton pump inhibitors. In a Utilization Review Report of December 6, 2013, the claims administrator denied a request for Protonix, setting non-MTUS ODG Guidelines, although the MTUS does obliquely address the issue at hand. An April 8, 2011 progress note is notable for comments that the patient is morbidly obese and status post gastric bypass surgery. The patient was described as off of work, on total temporary disability, as of that point in time. In a March 5, 2013 handwritten progress note, not entirely legible, the patient was described as having issues with hernia, diabetes, status post enterotomy, morbid obesity, status post gastric bypass, and hypertension. Zestril, Protonix, and Zofran were endorsed at that point while the patient was again placed off of work. In a handwritten note of December 3, 2013, the patient is again described as having issues with hypertension and diabetes. Her blood pressure is reportedly stable. She has not had any hypoglycemic episodes. Her blood sugar control is better; it is stated, with daily sugars running in 85 to 90 ranges. Cozaar, Protonix, and Zofran are endorsed while the patient is once again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Protonix for the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, dyspepsia, and/or heartburn documented on any recent 2013 progress note including the multiple notes as cited above. Therefore, the request is not certified, on Independent Medical Review.