

Case Number:	CM13-0072162		
Date Assigned:	01/29/2014	Date of Injury:	10/20/1997
Decision Date:	06/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 60-year-old male who has submitted a claim for left elbow pain, associated with an industrial injury date of October 20, 1997. Medical records from 2013 through 2014 were reviewed. The progress report, dated 12/20/2013, showed left elbow pain and pain along the left hand with gripping, grasping, torqueing, and numbness. Physical examination revealed inability to raise his left arm. Impingement sign was positive and weakness to resisted function was also noted. Treatment to date has included multiple elbow surgeries and medications. Utilization review from 11/27/2013 modified the request to a purchase of Protonix 20mg from #120 into #60 because the patient had a history of GERD and given the continued use of NSAID and analgesics, it was medically reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <9792.24.2>, Page(s): 68. Decision based on Non-MTUS Citation FDA (Proton Pump Inhibitors PPI).

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Furthermore, the FDA states that it is indicated for the treatment of GI disorders such as GERD. In this case, patient has been on Protonix since May 2013. Medical reviews of the patient revealed a history of Gastroesophageal reflux disease which may necessitate a proton pump inhibitor. The patient is closely monitored. Therefore, the request for purchase of Protonix 20mg #120 is medically necessary.