

Case Number:	CM14-0006028		
Date Assigned:	03/03/2014	Date of Injury:	08/16/2002
Decision Date:	07/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 49-year-old female who has submitted a claim for a large hiatal hernia repair, esophagitis, depression, anxiety, bilateral temporomandibular joint (TMJ), gastroesophageal reflux disease (GERD), Barrett's disease, and irritable bowel syndrome associated with an industrial injury date of 08/16/2002. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to the bilateral upper extremities. The patient likewise complained of nausea and symptoms of reflux every morning. The physical examination revealed tenderness and muscle spasm at the cervical and lumbar spine. Eroded teeth was likewise evident. The treatment to date has included laparoscopy and herniorrhaphy on 06/05/2013, physical therapy, left knee arthroscopy, and medications, such as Protonix, Zofran, Vicodin, Soma, and Naprosyn. Utilization review from 12/20/2013 denied the request for Protonix 20mg, #180 because of insufficient evidence of gastrointestinal disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The Chronic Pain Guidelines indicate that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient complained of reflux symptoms and nausea every morning. The diagnoses include GERD, esophagitis, and Barrett's disease confirmed by endoscopy. Gastrointestinal symptoms were attributed to the chronic use of both opioids and NSAIDs. The medical necessity for PPI was established. Therefore, the request for Protonix 20mg #180 is medically necessary.