

Case Number:	CM14-0106466		
Date Assigned:	07/30/2014	Date of Injury:	07/31/2002
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 66-year-old note in file states male who reported an injury on 07/31/2002. The mechanism of injury was cumulative trauma. The injured worker was noted to have multiple surgeries. Prior treatments included medications and chiropractic treatments. The medication history included ranitidine for GI symptoms as of 11/2013. The documentation of 05/22/2014 revealed the injured worker was having acid reflux and dyspepsia with meloxicam. The injured worker indicated he had previous treatments with acupuncture and chiropractic care. The injured worker was noted to have tried meloxicam for its anti-inflammatory effects in conjunction with Protonix for GI symptoms caused by meloxicam. The injured worker was noted to have gastroesophageal reflux and history of a hiatal hernia. The injured worker noted continued GI side effects with meloxicam and Protonix. The diagnoses included neuropathic pain left shoulder and left lower extremity, multilevel lumbar disc disease and spondylosis with facet arthropathy and disc bulges causing neural foraminal stenosis, as well as left knee pain associated with chondromalacia of the patella status post left knee arthroscopy. The treatment plan included a continuation of Protonix for GI symptoms caused by medications due to a history of hiatal hernia number 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg, qty 30: 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), Treatment Index, 12th Edition (Web), 2014, Pain, Proton Pump Inhibitors.

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication and was continuing to have symptoms.. The documentation indicated the injured worker had been utilizing a PPI or H2 blocker since 11/2013. The request as submitted failed to indicate the frequency for the requested medication. There was lack of documentation of exceptional factors to support ongoing usage. Given the above, the request for Protonix 40 mg quantity 30 is not medically necessary.