

Case Number:	CM14-0125541		
Date Assigned:	08/11/2014	Date of Injury:	03/12/2012
Decision Date:	09/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 42-year-old female who had a work-related injury on 03/12/12. The mechanism of injury is not documented. The injured worker has been seen for hip pain and was taking medication but due to a history of drug addiction she cannot take her previous opioid medication. The injured worker was taking Naproxen and Protonix. The most recent documentation submitted for review is dated 07/29/14. She had surgery in May of 2013, arthroscopic decompression and labral repair, with no improvement. Magnetic resonance image of the lumbar spine showed facet joint at L4-5 and L5-S1 with a compression at L3. The injured worker does use a cane and came in to the appointment with one. The injured worker is minimizing her chores. She is walking for 10 minutes. The injured worker has difficulty squatting, sexual dysfunction, and difficulty of sitting in "Indian style". Review of systems on 07/29/14 and 06/24/14 were both negative for gastrointestinal problems. The physical examination revealed tenderness along the hip joint with no loss of motion. The diagnoses were discogenic low back condition with facet inflammation at L4-5 and L5-S1, hip joint inflammation, status-post two injections in the hip joint, and labral debridement release of femoral acetabular impingement. Prior utilization review on 07/11/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- Non- Steroidal Anti- Inflammatory Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.