

Case Number:	CM14-0157141		
Date Assigned:	09/30/2014	Date of Injury:	09/25/2000
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, ankle pain, knee pain, rib pain, and low back pain reportedly associated with an industrial injury of September 25, 2000. Thus far, the applicant has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; earlier knee surgery; earlier ankle surgery; unspecified amounts of physical therapy; a TENS unit; a cane; opioid therapy; and adjuvant medication. In a utilization review report dated September 2, 2014, the claims administrator failed to approve a request for Protonix. The applicant's attorney subsequently appealed. In a September 16, 2014, progress note, the applicant had reported 8/10 pain with medications versus 10/10 pain without medications. The applicant reported issues with medication-associated gastrointestinal upset, the attending provider noted. The attending provider stated that usage of two blockers was reportedly helpful. The applicant was not working, it was noted. Protonix, Neurontin, and Norco were renewed. The attending provider stated that ongoing usage of Protonix had proven beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Protonix DR 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are recommended as an option in the treatment of NSAID-induced dyspepsia. In this case, the applicant has apparently developed an analogous condition, opioid-induced dyspepsia and/or stand-alone dyspepsia. Ongoing usage of Protonix has alleviated the applicant's symptoms of the same, the attending provider has suggested. Continuing Protonix, on balance, is therefore indicated. Accordingly, the request is medically necessary.