

Case Number:	CM14-0167218		
Date Assigned:	10/14/2014	Date of Injury:	07/20/2010
Decision Date:	11/17/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/10/2014

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 low back pain, elbow pain, and knee pain reportedly associated with an industrial injury of July 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; Epidural Steroid Injection therapy; reported diagnosis with a meniscal tear; and reported diagnosis with a herniated lumbar intervertebral disk with radiculopathy. In a Utilization Review Report dated September 27, 2014, the claims administrator denied a request for Protonix. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported persistent complaints of low back, mid back, and knee pain. In the review of systems section of the note, the applicant specifically denied issues with nausea, it is incidentally noted. A lumbar discectomy/laminectomy surgery was sought while the applicant was kept off of work, on total temporary disability. The applicant's medication list was not attached. On October 6, 2014, the applicant was again given diagnoses of herniation and lumbar intervertebral disk with radiculopathy and again kept off of work, on total temporary disability. The applicant's gastrointestinal review of systems was positive for nausea and abdominal pain, it was acknowledged on this occasion. The applicant did also have ancillary complaints of insomnia. There was no mention of issues with dyspepsia, however. On July 22, 2014, the applicant reported ongoing complaints of knee pain. It was stated that the applicant was pending an ACL reconstruction surgery. The applicant's medication list was not attached on this occasion, however. In a May 13, 2014 progress note, the applicant was described as using Norco, Macrobid, and Pyridium. Persistent complaints of knee pain were noted. There was no mention of issues associated with reflux or heartburn. In a June 18, 2014 medical-legal evaluation, it was stated that the applicant reported GI upset with medications that she was taking, including

NSAIDs. The applicant stated that her GI upset had diminished to some extent following cessation of some of the offending medications. The medical-legal evaluator alluded to a report dated November 28, 2013, on which it was stated that the applicant had had historical issues with heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg 2-3 times daily #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 indicated in the treatment of NSAID-induced dyspepsia. In this case, the documentation furnished by a medical-legal evaluator in mid to late 2014, referenced above, has suggested that the applicant has experienced issues with NSAID-induced dyspepsia at various points over the course of the claim. Introduction and/or ongoing usage of Protonix, a proton pump inhibitor, is indicated to combat the same. Therefore, the request is medically necessary.