

Case Number:	CM14-0167707		
Date Assigned:	10/15/2014	Date of Injury:	09/09/2004
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 9/9/2004 during a motor vehicle accident. She was diagnosed with neck sprain, cervical spondylosis, right ankle sprain, right knee meniscus tear, and lumbar sprain. She was treated with medications including opioids, topical analgesics, and muscle relaxants. She was also treated with surgery (knee, ankle), physical therapy and lumbar support. On 7/10/2014, the worker was seen by her primary treating physician, complaining of continual neck pain with radiation to arm/fingers rated at 7/10 on the pain scale and lumbar pain also rated at 7/10 on the pain scale. Physical findings included tenderness of cervical area, decreased sensation of C6-C7 dermatomes bilaterally, and tenderness of the lumbosacral area. She was then recommended to continue her medications (not listed), go to physical therapy, and consider epidural injection of the cervical spine. Later, on 8/4/14, a request was made for Protonix on behalf of the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she was presumably started on proton pump inhibitors many years ago after experiencing gastrointestinal upset with NSAID use. It is unclear if there was a specific reason why this worker was continuing Protonix at the time of the request, as this was not explained in the documents provided for review. As there was no complete report of the worker's current medications, it is unclear if the worker is continuing to use an NSAID. Therefore, based on the documents provided for review, there is no evidence that shows this worker is at an elevated risk for gastrointestinal events, which means that the Protonix is not indicated to continue as it does not come without side effects. Therefore, the request for Protonix 20mg #60 with 2 refills is not medically necessary and appropriate.