

<b>Case Number:</b>	CM14-0021656		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	09/09/2004
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, has a subspecialty in Pain Management 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 patient is a 44 year old female with an injury date on 09/09/2004. Based on the 01/27/2014 progress report provided by [REDACTED], the diagnoses are OCD lesion (right) ankle and lateral impingement. According to this report, the patient complains of painful right ankle. Tender over anterior talofibular joint and no effusion was noted. Ankle is stable. Surgery of the right ankle is scheduled for 02/18/2014. The 12/13/2013 report indicates the patient neck pain is at a 5/10 and low back pain is a 6/10. Ranges of motion of the cervical and lumbar spine are decreased. There were no other significant findings noted on this report. The utilization review denied the request on 02/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2013 to 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix DR 20mg Daily #60 for 60 Days:** Upheld

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

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

**Decision rationale:** According to the 01/27/2014 report by [REDACTED] this patient presents with painful right ankle. The provider is requesting Protonix DR 20mg #60. The MTUS Guidelines state Protonix is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report does not show that the patient has gastrointestinal side effects with medication use. There is no indication that the patient is on NSAID at this time. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, this request is not medically necessary.