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| Case Number: | CM14-0022956 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/24/2012 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 arm and hand pain reportedly associated with an industrial injury of February 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; NSAID therapy; proton pump inhibitor; topical compounds; unspecified amounts of physical therapy; and reported return to regular work in February 2014. In a Utilization Review Report dated January 30, 2014, the claims administrator apparently denied a request for Protonix while approving a request for Relafen. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines for nabumetone or Relafen but did not cite any guidelines for Protonix or pantoprazole. The claims administrator did not, moreover, incorporate the cited guideline into its rationale. The applicant's attorney subsequently appealed. A December 9, 2013 progress note is notable for comments that the applicant was using Relafen, Protonix, Voltaren gel, capsaicin cream, lidoderm ointment, and Cymbalta. The applicant specifically denied constipation, heartburn, nausea, abdominal pain, melena, or hematemesis in the review of systems section of the report. The applicant returned to regular work on a trial basis. In an earlier note of February 6, 2013, the applicant was described as attending functional restoration. On February 26, 2013, the applicant was given prescriptions for Relafen and Protonix. It was stated that the applicant did report stomach upset with the usage of Relafen and felt that his dyspepsia had resolved and/or was well managed with the introduction of Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE-PROTONIX 20 MG, TAKE ONE DAILY #60: 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 GI Symptoms, and Cardiovascular Risk topic 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 applicant is or was reporting issues with dyspepsia induced with the use of an NSAID, Relafen. The attending provider has seemingly posited that the ongoing usage of Protonix has ameliorated the applicant's symptoms of NSAID-induced dyspepsia. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.