

Case Number:	CM14-0034412		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2000
Decision Date:	10/02/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 54 year old male who was injured on 11/20/2000. He was diagnosed with bilateral shoulder arthritis, chronic back pain secondary to spondylosis, bilateral ankle arthritis, myofascial pain. He also has a medical history of borderline hypertension, diabetes mellitus, and fatty liver disease. He was treated with surgery and medications for his injuries. He was later diagnosed with gastropathy secondary to chronic use of medications, depression and anxiety secondary to chronic pain, and opioid-induced hypogonadism. He was also treated with omeprazole and later Protonix for his gastritis. In 2010, the worker had an upper endoscopy which diagnosed his diaphragmatic component of the lower esophageal sphincter was lost (hiatal hernia). The worker was seen by his primary treating physician on 12/4/2012 when he was recommended Protonix for the first time (no report on omeprazole use or failure of omeprazole mentioned in progress note, nor any documentation of a complete current medication list). The worker later reported Protonix helping him reduce his nausea and reflux symptoms. Protonix was continued. On 6/11/13, Protonix was again requested for renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #90, DOS: 12/04/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) -

TWC Pain Procedure Summary Proton Pump Inhibitors Mosby's Drug Consult, Indications for Omeprazole/Prilosec

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, he had been experiencing acid reflux symptoms and nausea for some time, for which proton pump inhibitors were used, including Protonix. According to the notes available for review it was reported that the reflux was clearly related to the worker's hiatal hernia, although the medications may have contributed some to his symptoms on top of this primary cause. The primary treatment for acid reflux disease related to hiatal hernia is to lose abdominal fat (lose weight). There is no clear evidence that the worker's injury is directly or indirectly related to his hiatal hernia, and there was no evidence found in the notes available for review that the worker had reached his ideal weight or changed his diet in order to help alleviate his acid reflux symptoms. Also, there was no evidence that the worker was taking any NSAIDs which is the primary cause of injury-related gastritis. Also, even in the case of the worker warranting a proton pump inhibitor for medication-induced gastritis, omeprazole would be the first choice, and there was no evidence or explanation as to why he was switched from omeprazole to Protonix. Therefore, the request is not medically necessary.

Protonix 20mg #90, DOS: 06/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) - TWC Pain Procedure Summary, Proton Pump Inhibitors Mosby's Drug Consult, Indications for Omeprazole/Prilosec

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, he had been experiencing acid reflux symptoms and nausea for some time, for which proton pump inhibitors were used, including Protonix. According to the notes available for review it was reported that the reflux was clearly related to the worker's hiatal hernia, although the medications may have contributed some to his symptoms on top of this primary cause. The primary treatment for acid reflux disease related to hiatal hernia is to lose abdominal fat (lose weight). There is no clear evidence that the worker's injury is directly or indirectly related to his

hiatal hernia, and there was no evidence found in the notes available for review that the worker had reached his ideal weight or changed his diet in order to help alleviate his acid reflux symptoms. Also, there was no evidence that the worker was taking any NSAIDs which is the primary cause of injury-related gastritis. Also, even in the case of the worker warranting a proton pump inhibitor for medication-induced gastritis, omeprazole would be the first choice, and there was no evidence or explanation as to why he was switched from omeprazole to Protonix. Therefore, the request is not medically necessary.