

Case Number:	CM14-0035070		
Date Assigned:	06/23/2014	Date of Injury:	04/14/2011
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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:

This is a patient with a date of injury of April 14, 2011. A utilization review determination dated March 6, 2014 recommends modified certification of Protonix 20 mg due to guideline recommendations for a 20 mg daily dose. Naproxen sodium is recommended for certification. A progress report dated July 31, 2013 identifies subjective complaints of lower extremity pain rated as 7-8/10. The patient broke her wrist in April and is presenting for medication refills. Objective examination findings identify tenderness over the left knee with full range of motion. Diagnoses include left knee contusion, degenerative joint disease, left ankle sprain, and dyspepsia. The treatment plan recommends tramadol, naproxen, Protonix 20 mg 1-2 PO Q a.m. #120, and Norco. A progress report dated August 2, 2012 indicates that the patient developed stomach symptoms from anti-inflammatory medication and was given omeprazole to counteract the secondary effects of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: PROTONIX 20MG #120 (DISPENSED 01/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pantoprazole, Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for pantoprazole (Protonix), the MTUS Chronic Pain Guidelines states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, the ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there are no recent progress reports identifying any subjective complaints of dyspepsia secondary to NSAID use. However, it does appear that the patient is using NSAIDs on a consistent basis, for which the use of a proton pump inhibitor as a prophylactic measure would be indicated. The MTUS Chronic Pain Guidelines recommend that Protonix be used as a 2nd line agent. Although there is documentation that the patient has used omeprazole in the past, there is no statement indicating why omeprazole was insufficient to control the patient's symptoms. Additionally, there is no medical justification for a dose above 20 mg. In the absence of clarity regarding those issues, the currently requested Protonix 20 mg #120 is not medically necessary.