

Case Number:	CM14-0038904		
Date Assigned:	06/27/2014	Date of Injury:	10/05/2006
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Internal 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 injured worker is a 56-year-old female who reported an injury on 10/05/2006. The mechanism of injury was not provided within the medical records. Her current diagnoses include status post gastric bypass and status post enterotomy and Peterson hernia. Her previous treatments included medications. Within the most recent clinical note dated 01/07/2014, her symptoms were noted to be dizziness and nausea. Her physical examination findings included tenderness noted in the left lower quadrant of the abdomen in the mid epigastric region. There was no rebound or rigidity noted. The patient's current medications include Cozaar, Zofran, and Protonix. The treatment plan included a prescription for Protonix 20 mg. The current request is for Protonix 20 mg #90 and the rationale was not provided. A Request for Authorization was provided in the medical records dated 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation Pain Procedure Summary, Proton Pump Inhibitors.

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

Decision rationale: MTUS Guidelines state that proton pump inhibitors (PPIs) are recommended if the injured worker; is 65 years; has a history of peptic ulcer, gastrointestinal bleeds or perforation; current use of aspirin, corticosteroids and/or any coagulants; or high doses/multiple nonsteroidal anti-inflammatory drugs (NSAIDs). The clinical documentation provided for review showed that the injured worker had complaints of nausea and dizziness. However, the injured worker's current medications did not include NSAIDs or indicate that the injured worker had gastrointestinal disturbances that would support the request. Furthermore, the request did not provide the frequency for the medication. As such, the request is not medically necessary.