

Case Number:	CM14-0049880		
Date Assigned:	07/07/2014	Date of Injury:	02/23/2011
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 patient is a 66 year old female who was injured on 02/23/2011. The mechanism of injury is unknown. Prior medication history included Protonix, tramadol, and Voltaren Gel. Prior treatment history has included TENS unit. Progress report dated 03/06/2014 states the patient has been taking Protonix 20 mg daily to lessen gastro-intestinal burning due to pain medications including Voltaren, tramadol. She stated it has been successful in reducing GI symptoms caused by her analgesic medications. The patient was diagnosis with gastrointestinal dysfunction aggravated by long term analgesic use. There are no other findings noted. Prior utilization review dated 04/15/2014 states the request for Protonix 20 mg, #30 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain Chapter: proton Pump Inhibitors (PPIs); FDA, Pantoprazole (Protonix).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

Decision rationale: The guidelines recommend proton pump inhibitors for treatment of dyspepsia/GERD. The patient appears to have gastrointestinal complaints, which may have been aggravated by NSAID therapy. The patient has had relief with Protonix as documented in the notes provided. According to the clinical documents, the patient has had fewer complaints of acidity and dyspepsia while taking the PPI. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.