

Case Number:	CM14-0051586		
Date Assigned:	07/07/2014	Date of Injury:	06/27/2013
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 32 year old female injured on 06/27/13 when lifting a 40 pound dog and twisting in awkward fashion resulting in pain in her groin, low back and hip. The injured worker underwent physical therapy, cortisone injection, and medication management for left hip labral tear with femoral acetabular impingement and musculoligamentous sprain/strain of the lumbar spine. Clinical note dated 03/24/14 indicated the injured worker presented complaining of ongoing left hip pain radiating to the posterior left thigh rated 8/10. The injured worker reported Norco no longer reduced pain requiring approximately one tablet every two hours for pain control. Physical examination revealed altered sensation in left foot and toes, antalgic gait, use of walker to ambulate, Babinski downward bilaterally, and bilateral lower extremity pulses normal. The injured worker suffered dyspepsia as a result of medication management; however, continued to require opioids to control hip pain. The original request for Protonix 20mg 60 tab was non-certified on 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg 60 tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 167,68,105,46, 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, (Pain Chapter) FDA (Pantoprazole (Protonix)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged non-steroidal anti-inflammatory drugs and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, clinical notes indicate the injured worker reports complained of dyspepsia as a result of medication management. As such, the request for Protonix 20 mg 60 tabs is recommended as medically necessary.