

Case Number:	CM14-0052452		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2002
Decision Date:	09/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 and is licensed to practice in Illinois. 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 74-year-old male with a reported date of injury on 03/19/2002. The mechanism of injury was not submitted within the medical records. His diagnoses are noted to include internal derangement of the left knee, status post meniscectomy with evidence of cartilage wear along the joint line, internal derangement of the right knee due to compensation for the left knee, left hip joint pain due to compensation for the left knee and gastritis. His previous treatments were noted to include knee brace and medications. The progress note dated 03/20/2014 revealed the injured worker complained of pain, which he stated had increased with the cold weather. The physical examination revealed ambulation with a cane, decreased range of motion to the knees and laxity on anterior drawer test at 1+ bilaterally. The provider indicated the injured worker had tried numerous medications including Prilosec, Protonix and Zantac, all with little relief. The Nexium was the only one to help with his gastritis. The progress note dated 07/18/2014 revealed the injured worker complained of pain that was increasing and had been taking Norco for pain and Nexium for heartburn. The physical examination revealed decreased range of motion and crepitation with range of motion. The Request for Authorization form dated 03/21/2014 was for Zantac, Prilosec and Protonix for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 20mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastroesophageal reflux disease (GERD). : University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI); University of Michigan Health System; 2012 May. 12 p. [11 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Zantac 20 mg quantity 60 is not medically necessary. The injured worker complains of gastritis and has tried numerous medications including Zantac, Protonix, and Prilosec, all with little relief. The California MTUS guidelines recommend H2-receptor antagonists for treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The documentation provided indicated the Zantac gave very little relief for the injured worker's gastritis. Additionally, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Zantac 20mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastroesophageal reflux disease (GERD). : University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI); University of Michigan Health System; 2012 May. 12 p. [11 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Zantac 20 mg quantity 60 is not medically necessary. The injured worker complains of gastritis and has tried numerous medications including Zantac, Protonix, and Prilosec, all with little relief. The California MTUS guidelines recommend H2-receptor antagonists for treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The documentation provided indicated the Zantac gave very little relief for the injured worker's gastritis. Additionally, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prilosec 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, page 68 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitor.

Decision rationale: The request for Prilosec 20 mg quantity 60 is not medically necessary. The injured worker has a history of gastritis. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. The injured worker has been complaining of gastritis and indicated the Prilosec gave him very little relief. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prilosec 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for Prilosec 20 mg quantity 60 is not medically necessary. The injured worker has a history of gastritis. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. The injured worker has been complaining of gastritis and indicated the Prilosec gave him very little relief. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for Protonix 20 mg quantity 60 is not medically necessary. The injured worker has a history of gastritis. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. The injured worker has been complaining of gastritis and indicated the Prilosec gave him very little relief. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for Protonix 20 mg quantity 60 is not medically necessary. The injured worker has a history of gastritis. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. The injured worker has been complaining of gastritis and indicated the Prilosec gave him very little relief. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.