

Case Number:	CM14-0061306		
Date Assigned:	07/09/2014	Date of Injury:	02/22/2004
Decision Date:	11/20/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right knee surgery; subsequent viscosupplementation injection; and reported return to work. In a Utilization Review Report dated April 7, 2014, the claims administrator failed to approve a request for Protonix. The claims administrator stated that the applicant did not have active symptoms of reflux in its denial. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported 4-6/10 knee pain. The applicant did have pain-induced sleep disturbance, it was acknowledged. The attending provider appealed the previously denial for 12 sessions of physical therapy. Glucosamine, Flexeril, Naproxen, Neurontin, and Protonix were endorsed. The attending provider stated that the applicant had issues with stomach upset associated with medication consumption and was using Protonix for the same. On February 1, 2014, the attending provider again posited that the applicant had issues with dyspepsia associated with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, quantity of 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic..

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. The applicant has reported issues with stomach upset/dyspepsia on several progress notes, referenced above. Ongoing usage of Protonix is indicated to combat the same. Therefore, the request is medically necessary.