

Case Number:	CM14-0063989		
Date Assigned:	07/11/2014	Date of Injury:	01/06/2011
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Management 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 53 year old male who had a work related injury on 01/06/11. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 04/08/14. The injured worker was returning with continued neck pain and back pain radiating to the upper extremities and lower extremities and bilateral wrist pain with numbness and tingling in hands. In addition he was experiencing exacerbation of left knee pain despite the increased use of anti-inflammatories since last visit and application of ice daily. Physical examination showed spasm, tenderness, and guarding in paravertebral musculature of the cervical spine and lumbar spine with loss of range of motion in both. The wrists showed positive Phalen's and reverse Phalen's signs with decreased grip strength and distal radial tenderness. In the left knee, there was patellar crepitus on flexion/extension with medial and lateral joint line tenderness and positive McMurray test. Diagnoses include cervical and lumbar radiculopathy, shoulder impingement, carpal tunnel syndrome and knee pain. Prior utilization review on 04/24/14 was non-certified. In review of the clinical documentation submitted for review I saw no clinical records indicating that the patient had any type of gastrointestinal problems or was at risk for developing them.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - (online version) Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines 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. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.