

Case Number:	CM14-0068821		
Date Assigned:	07/14/2014	Date of Injury:	01/16/2012
Decision Date:	10/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records, presented for review, indicate that this 48-year-old female was reportedly injured on January 16, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicated that there were ongoing complaints of right knee pain, low back pain, neck pain, and headaches. The physical examination demonstrated a normal neurological examination of the upper and lower extremities. There was an antalgic gait favoring the right side. There was tenderness of the cervical spine with decreased range of motion and a negative Spurling's test. There was also tenderness at the medial aspect of the right knee. Diagnostic imaging studies of the right knee revealed degenerative joint disease. X-rays of the cervical spine noted a reversal of lordosis. X-rays of the lumbar spine were normal. Previous treatment included right knee surgery, right knee aspirations. A request had been made for Protonix and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (Pantoprazole) 20 mg., 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented gastrointestinal distress symptom. The record, provided, does not note the gastrointestinal disorder. Nor is there documentation of long-term use of an NSAID considered to be a high dose NSAID as defined by the American College of Gastroenterology. Therefore, this request for Protonix is not medically necessary.