

Case Number:	CM14-0083730		
Date Assigned:	07/21/2014	Date of Injury:	07/22/2002
Decision Date:	04/14/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male, who sustained an industrial injury reported on 7/22/2002. He reported being hospitalized for E-coli. The history notes chronic right hip pain, and left hip pain. The diagnoses were noted to include dyspepsia & diverticulosis; status-post total right hip replacement (4/15/14); Osteoarthritis: pelvic region and thigh; internal derangement of the left shoulder & right knee; left knee surgery 9/9/02 & 4/29/03) with left total knee replacement (6/1/06); right total knee replacement (3/17/05); and major depressive affective disorder, single episode, moderate. Treatments to date have included consultations; multiple diagnostic and imaging studies; right hip replacement surgery (4/14/14); physical therapy: right hip; aquatic therapy; activity modification; psychological evaluation and treatment; recent hospitalization for E-coli; and medication management. The work status classification for this injured worker (IW) was not noted. The PR-2, dated 5/5/2014, is hand written and mostly illegible, notes 'L/S & left hip now (illegible) doubled up on Norco (illegible). On 5/27/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 5/5/2014, for a retroactive request of Protonix 20mg #90. The Official Disability Guidelines, pain chapter, proton pump inhibitors, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 3/3/14: Protonix 20mg, #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: Treatment Index, 11th Edition, 2013, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore Retrospective DOS: 3/3/14: Protonix 20mg, #90 is not medically necessary.