

Case Number:	CM15-0009676		
Date Assigned:	01/27/2015	Date of Injury:	09/21/2013
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 09/21/2013 and had a continuous trauma from 08/31/2011 through 03/10/2014. His diagnoses included lumbar spine strain, left lumbar radiculopathy, lumbar disc protrusion at L4-5 and L5-S1, right mild degenerative changes, tear of the lateral meniscus of the right knee, and left mild degenerative changes of the left knee. His medications included Tylenol No. 3, Orudas 75 mg, Anaprox 550 mg, and Protonix 20 mg. His surgical history was not included. His treatments have included work modification, physical therapy, and pain medication. The progress report dated 12/16/2014 documented the injured worker walked with a nonantalgic gait and was able to heel/toe walk without difficulty. He could not fully squat or duck waddle due to bilateral knee pain. Tenderness to palpation was noted in the lower paravertebral muscles of the thoracic spine. There was tenderness to palpation of upper, mid, and lower paravertebral muscles of the lumbar spine. Range of motion was flexion measured at 30 degrees, 20 degrees of right lateral bending, 25 degrees of left lateral bending, 25 degrees of right lateral rotation, 25 degrees or left lateral rotation, and extension at 15 degrees. There was no soft tissue swelling, instability, or effusion to the right knee. There was tenderness to palpation over the medial joint line. Medial pain was noted with McMurray's. Range of motion was measured at 0 to 125 degrees. On examination of the left knee, there was no soft tissue swelling, instability, or effusion. There was tenderness to palpation over the lateral joint line. Range of motion was 0 to 115 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: 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
Page(s): 68, 69.

Decision rationale: The request for Protonix 20 mg #30 is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. There was a lack of documentation regarding a history of peptic ulcer, GI bleeding, or perforation. There was a lack of documentation regarding complaints of dyspepsia. As the guidelines state that proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events, the request for Protonix 20 mg #30 is not medically necessary.