

<b>Case Number:</b>	CM15-0137950		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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  
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 11/26/12. Initial complaints were of a mechanical fall injuring her left hip and left knee. The injured worker was diagnosed as having displaced left femoral neck fracture; left tibial plateau fracture; gastroesophageal reflux disease; posttraumatic left knee osteoarthritis; lumbar facet joint pain L4-L5, L5-S1; lumbar facet arthropathy; lumbar degenerative disc disease; lumbar injury due to overcompensation and altered gait from left knee injury. Treatment to date has included left total knee arthroplasty (3/18/14); physical therapy; medications. Currently, the PR-2 notes dated 6/22/15 indicated the injured worker returns to this office for a re-examination of left hip and left knee. The provider notes she recently has Xylocaine injections in the facet joints of her lumbar spine (6/11/15) which did give at least a week's worth of improvement. Overall, the left hip and left knee has not changed. She gets pain in the tibia and swelling when she is up on the knee for long periods of time which is expected with her history of tibial plateau fracture, subsequent removal and then subsequent total knee on 3/18/14. PR-2 notes dated 4/1/15 indicated she was having groin pain which seemed to be exacerbated by physical therapy, so she has stopped physical therapy. She is still using a cane and seeing a pain management provider for evaluation of back pain and long term pain management. She is scheduled for injections or possible rhizotomy in the near future. The treatment plan explained the Protonix is requested to help her stomach so she can tolerate her anti-inflammatories and he will see her back for the next appointed time. The provider is requesting authorization of Protonix 40mg #30 12 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg, #30 with 12 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Protonix 40mg, #30 with 12 refills, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The injured worker has groin pain which seemed to be exacerbated by physical therapy, so she has stopped physical therapy. She is still using a cane and seeing a pain management provider for evaluation of back pain and long term pain management. She is scheduled for injections or possible rhizotomy in the near future. The treatment plan explained the Protonix is requested to help her stomach so she can tolerate her anti-inflammatories and he will see her back for the next appointed time. The treating physician has not documented the medical necessity for 12 refills of this GI protective medications without periodic re-evaluation to assess functional benefit. The criteria noted above not having been met, Protonix 40mg, #30 with 12 refills is not medically necessary.