MAXIMUS Federal Services

Case Number:	CM15-0146137		
Date Assigned:	08/07/2015	Date of Injury:	04/01/2002
Decision Date:	09/23/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 1, 2002. In a utilization review report dated July 20, 2015, the claims administrator failed to approve a request for Protonix. Protonix was apparently prescribed and/or dispensed on or around June 17, 2015. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of knee pain status post two failed knee arthroscopy surgeries. The applicant was described as having end-stage knee arthritis. A total knee replacement was endorsed. The applicant was given prescriptions for Protonix and Norco. It was suggested that Protonix was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). There is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In an RFA form dated August 6, 2015, the attending provider sought retrospective authorization for tramadol, Naprosyn, Protonix, Flexeril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg Qty 90 (retrospective dispensed 6/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

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

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Protonix was in fact being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors, which include evidence that an applicant is 65 years of age and using NSAIDs, evidence that an applicant has a history of prior GI bleeding or peptic ulcer disease, evidence that an applicant is concurrently using NSAIDs and corticosteroids, and/or evidence that an applicant is using multiple NSAIDs in parallel. Here, however, the applicant was less than 65 years of age (age 59), was only using one NSAID, Naprosyn, had no known history of GI bleeding or peptic ulcer disease, and did not appear to be using Naprosyn in conjunction with corticosteroids thereafter. Therefore, the request was not medically necessary.