

Case Number:	CM15-0163634		
Date Assigned:	08/26/2015	Date of Injury:	08/07/2014
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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 41-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of August 7, 2014. In a utilization review report dated July 27, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced a June 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said July 6, 2015 progress note, the applicant reported ongoing complaints of finger pain status post earlier finger surgery. The applicant's gastrointestinal review of systems was negative for heartburn, nausea, vomiting, constipation, or diarrhea, it was reported. The applicant had comorbidities including diabetes and hypertension, it was reported. Celebrex and Protonix were endorsed. The attending provider's documentation was somewhat ambiguous as to whether Protonix was being prescribed for cytoprotective effect or for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 838.

Decision rationale: Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The attending provider's July 6, 2015 progress note suggested that Protonix is being employed for cytoprotective effect as opposed to for actual symptoms of reflux. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are at heightened risk of developing adverse gastrointestinal effects do qualify for usage of proton pump inhibitors such as Protonix for cytoprotective effect. The Third Edition ACOEM Guidelines, Hand, Wrist, and Forearm Chapter notes that applicants with a high-risk factor profile include those individuals who are diabetic. Here, the applicant, per the July 6, 2015 progress note was in fact diabetic and was using metformin. The applicant was given Celebrex, an anti-inflammatory medication, on that date. Concomitant provision of Protonix, a proton pump inhibitor, for cytoprotective effect was, thus, indicated. Therefore, the request was medically necessary.