

Case Number:	CM15-0181954		
Date Assigned:	09/23/2015	Date of Injury:	12/01/1999
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 73 year old male with a date of injury of December 1, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome right worse than left, internal derangement of the bilateral knees, lower back pain, and neck pain. Medical records dated July 9, 2015, indicate that the injured worker complains of neck pain, lower back pain, bilateral knee pain, and bilateral wrist pain. A progress note dated August 13, 2015 notes subjective complaints of numbness, tingling, and swelling of the wrist and hand, neck pain and swelling on the right, and that chores around the house were minimized. Per the treating physician (August 13, 2015), the employee was retired and had activity restrictions that included lifting no more than 15 to 20 pounds. The physical exam dated July 9, 2015 reveals tenderness of the bilateral knees, and flexion of 120 degrees with discomfort bilaterally with pain along the wrist joint. The progress note dated August 13, 2015, documented a physical examination that showed tenderness along the medial joint line of the left knee, Tinel's at the wrist, quite a bit of tenderness on the facet cervical spine with positive facet loading, and shoulder girdle involvement. Treatment has included hyalgan injections of the knees, use of a cane, knee bracing, bracing of the wrists, and medications (Vicodin, Lidoderm patches, Motrin and Prilosec since at least December of 2014). The original Utilization Review (August 20, 2015) non-certified a request for Protonix 20mg #60 and Aciphex 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): PPI See NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the cited CA MTUS guidelines, a proton pump inhibitor (PPI), such as Protonix 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include: age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes August 13, 2015, the injured worker had been on both Naprosyn and Motrin, but he will be changing to Naprosyn only. Based on his age, he does meet one of the criteria for being at risk for an intermediate GI event, and has no known history of cardiovascular disease. Therefore, the request for Protonix 20mg #60 is medically necessary and appropriate.

Aciphex 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the cited CA MTUS guidelines, a proton pump inhibitor (PPI), such as Aciphex 20mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes August 13, 2015, the injured worker had been on both Naprosyn and Motrin, but he will be changing to Naprosyn only. Based on his age, he does meet one of the criteria for being at risk for an intermediate GI event, and has no known history of cardiovascular disease. The original request was for both Protonix and Aciphex; however, only one PPI would be indicated, and Protonix will be authorized. Therefore, the request for Aciphex 20mg #30 is not medically necessary and appropriate.