

Case Number:	CM15-0196945		
Date Assigned:	10/12/2015	Date of Injury:	11/19/2012
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 60 year old female who sustained an industrial injury on 11-19-12. The injured worker reported pain in the back and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine stenosis, lumbar spine disc protrusion, left hip severe osteoarthritis, left knee severe osteoarthritis and left ankle osteoarthritis. Medical records dated 8-26-15 indicate pain and numbness. Records indicate difficulty with activities of daily living and pain with weight bearing. Provider documentation dated 8-26-15 noted the work status as permanent and stationary. Treatment has included physical therapy, bracing, anti-inflammatory medication since at least May of 2015, status post right total knee arthroplasty, injection therapy, magnetic resonance imaging, radiographic studies, Norco since at least May of 2015, Protonix since at least May of 2015. Objective findings dated 8-26-15 were notable for lumbar spine with spasm to the left lower lumbar region, pain with motion, tenderness to palpation to the left lower lumbar area, left hip with pain upon motion, left knee with crepitus and pain upon motion and tenderness to the patellofemoral joint, left ankle with tenderness to lateral ankle ligaments, crepitus and pain with motion. The original utilization review (9-22-15) denied a request for Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with low back pain, left hip pain, left knee pain and left ankle pain. The treater has asked for Protonix 20mg #60 on 8/26/15. The patient's diagnoses per request for authorization dated 9/1/15 are OA hip, OA knee, facet syndrome, radiculopathy L-spine, disc bulge L-spine. The patient has had significant weakness in the left lower extremity, and frequent falls due to giving way of her leg per 8/26/15 report. The patient has pain/numbness running down bilateral lower extremities with pain/spasm in her low back per 8/26/15 report. The patient is s/p right total knee arthroplasty, 2 left knee arthroscopies, industrial, and right total hip arthroplasty, nonindustrial of unspecified dates per 5/8/15 report. The patient has difficulties with activities of daily living and also pain with weight-bearing per 8/26/15 report. The patient is currently permanent and stationary under future medical care per 8/26/15 report. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The patient is currently using Protonix as of 8/26/15 report, and was taking Prilosec as of 5/8/15 report. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is currently on NSAID therapy. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.