

Case Number:	CM15-0203588		
Date Assigned:	10/20/2015	Date of Injury:	09/23/1994
Decision Date:	12/01/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 09-23-1994. A review of the medical records indicates that the worker is undergoing treatment for severe left, moderate right medial compartment arthritis, and bilateral mild to moderate patellofemoral arthritis. The worker was also noted to have had a heart stent placed in June 2013. Subjective complaints (06-23-2015, 07-21-2015 and 09-10-2015) included bilateral knee pain. Objective findings (06-23-2015) revealed knee pain with squatting, movable non-tender fibrous nodule superior to the right patella, prominent tibial tubercle and anterior knee pain with McMurray's procedure. The plan was to continue physical therapy, Indocin, Aspirin and Protonix for stomach protection. Objective findings (07-21-2015) revealed diffuse tenderness in the knees, 2+ bilateral crepitation and medial joint pain with McMurray's procedure. During the 07-21-2015 office visit, the physician recommended that the worker discontinue Indocin due to recent Food and Drug Administration study that showed increased cardiac risk and that the worker use Aspirin 81-325 mg a day which would be discussed with [REDACTED]. The physician noted that in the interim, Protonix was being dispensed to protect the gastrointestinal (GI) system. Objective findings (09-10-2015) included 2+ bilateral patellofemoral crepitation. The physician noted on 09-10-2015 that the worker needed to minimize use of Indocin due to cardiovascular risks. Treatment has included Indomethacin, Aspirin, Protonix (since at least 06-23-2015), physical therapy and application of heat and ice. There was no documentation of a failure of first line proton-pump inhibitor medication prior to starting Protonix. The physician noted that Protonix would be continued for GI protection. A utilization review dated 10-03-2015 non-certified a request for Protonix 20 mg #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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Protonix is or is an evaluation team is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnosis is severe left and moderate right medial compartment, bilateral mild to moderate patellofemoral arthritis. Date of injury is September 23, 1994. Request for authorization is September 22, 2015 referencing a July 21, 2015 progress note. According to the July 21, 2015 progress note, subjective complaints include bilateral knee pain that remains unchanged. Medications include Indocin 25 mg b.i.d. (for 18 years). The treating provider requested a proton pump inhibitor Protonix. Although the injured worker is approaching age 65 (recommended guidelines for proton pump inhibitors are age greater than 65), Protonix is a second line proton pump inhibitor. There is no documentation with a failed first-line proton pump inhibitor. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of failed first line proton pump inhibitor treatment, Protonix 20 mg #60 is not medically necessary.