MAXIMUS Federal Services

Case Number:	CM15-0204278		
Date Assigned:	10/21/2015	Date of Injury:	10/01/2010
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 1, 2010. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for Protonix. An RFA form received on September 23, 2015 was referenced in the determination, along with an associated progress note dated September 11, 2015.The applicant's attorney subsequently appealed. On the September 11, 2015 progress note, the applicant reported ongoing complaints of knee pain status post earlier total knee arthroplasty. The applicant was using Norco for pain relief. The applicant was also using Zanaflex, Naprosyn, Lidoderm patches, and hydrochlorothiazide, it was reported. The applicant's gastrointestinal review of systems was negative for heartburn, the treating provider acknowledged. The applicant did have a history of hypertension, it was reported. A July 31, 2015 progress note was notable for commentary to the effect that the applicant had ongoing complaints of knee pain. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60 with 1 refill: 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: No, the request for Protonix, a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of September 11, 2015 and July 31, 2015. Therefore, the request is not medically necessary.