

Case Number:	CM15-0021054		
Date Assigned:	02/10/2015	Date of Injury:	08/21/2014
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 58-year-old [REDACTED] employee who has filed a claim for chronic low back, hip, ankle, and leg pain reportedly associated with an industrial injury of August 21, 2014. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced RFA forms of January 9, 2015 and December 17, 2014 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the most recent clinical progress note provided was dated December 5, 2014. In a Doctor's First Report (DFR) of September 5, 2014, the applicant reported ongoing issues with knee, ankle, and low back pain. The note was handwritten, not entirely legible, and difficult to follow. The applicant was placed off of work, on total temporary disability. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. Naprosyn, Protonix, and Neurontin were endorsed.

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 Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 1. 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 to combat issues with NSAID-induced dyspepsia, in this case, however, there was/is no mention of the applicant's personally experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the September 5, 2014 DFR on which Protonix was endorsed. Therefore, the request was not medically necessary.