

Case Number:	CM15-0047232		
Date Assigned:	03/19/2015	Date of Injury:	03/02/2011
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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, Pain Management

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 65-year-old female sustained an industrial injury to the right knee on 3/2/11. Previous treatment included magnetic resonance imaging, x-rays, knee brace, physical therapy and medications. In a PR-2 date 1/29/15, the injured worker complained of achy knee pain. Physical exam was remarkable for right knee with lateral tenderness, 1+ effusion, full range of motion, stable ligaments, strength 4/5 due to pain and a minor antalgic gait. Current diagnoses included lateral meniscus tear and knee osteoarthritis. The injured worker received a cortisone injection during the office visit. On 2/11/15, a request for authorization was submitted for Anaprox DS and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: This request involves the appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Furthermore, there does not appear to be adequate documentation of the rationale for why PPI's are necessary in this case, or any additional gastrointestinal work-up performed by a specialist to support this request. The patient being on Anaprox, a non-selective NSAID, is not enough to warrant PPI usage. Given this, this request is not medically necessary.