

Case Number:	CM15-0082695		
Date Assigned:	05/05/2015	Date of Injury:	10/23/2012
Decision Date:	06/05/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/30/2015

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 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 23, 2012. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for Protonix apparently prescribed and/or dispensed on or around October 10, 2014. The applicant's attorney subsequently appealed. On August 13, 2014, the applicant reported ongoing complaints of bilateral knee pain. Naprosyn, Protonix, Flexeril and tramadol were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the Protonix had been given for relief of stomach upset but did not elaborate further. There was no mention of the applicant's personally experiencing issues with reflux, heartburn, and/or dyspepsia. It was not clearly stated whether the request was a first-time request or a renewal request. On March 12, 2014, the applicant was placed off of work, on total temporary disability, following recent knee surgery. Naprosyn, Keflex, and Protonix were endorsed. Once again, the attending provider stated that Protonix was being employed for relief of stomach upset but did not state whether the applicant was or was not personally experiencing symptoms of reflux. The attending provider did not state whether Protonix had been employed for gastroprotective effects or for actual symptoms of reflux. On October 10, 2014, Nalfon, Protonix, Flexeril and Ultram were prescribed while the applicant was placed off of work, on total temporary disability. Once again, the attending provider did not state whether the applicant was not or was not personally experiencing symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request Protonix 20 MG #60 DOS 10/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Protonix (pantoprazole), 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, the attending provider's documentation was sparse and did not ever explicitly state whether the applicant was or was not personally experiencing symptoms of reflux, heartburn, and/or dyspepsia. The MTUS Guideline in ACOEM Chapter 3, page 47, further notes that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper use and to manage expectations. Here, however, the attending provider's progress notes never explicitly stated whether or not ongoing usage of Protonix had or not had proven effective for whatever role it was being employed. Therefore, the request was not medically necessary.