

Case Number:	CM14-0113091		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2013
Decision Date:	10/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of February 28, 2013. Thus far, the claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical agents; and opioid therapy. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for Protonix. The applicant's attorney subsequently appealed. In a May 7, 2014 progress note, the applicant was described as off of work, on total temporary disability. The applicant was receiving indemnity benefits, it was acknowledged. The applicant had developed abdominal pain, reflux, diarrhea, constipation, and a 50-pound weight gain, all of which he attributed to the industrial injury. The applicant was using Motrin, omeprazole, and Relafen. Various dietary supplements were issued, including Sentra AM and Sentra PM. The applicant was also given prescriptions for Prilosec, ranitidine, Gaviscon, and probiotics. A gastroenterology consultation and abdominal ultrasound were sought. On May 30, 2014, another treating provider, the applicant's pain management specialist, furnished the applicant with a prescription for Protonix, along with prescriptions for Norco and Motrin. The applicant's work status was not stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should tailor medications and dosages to the specific applicant, taking into consideration applicant-specific variables such as "other medications." In this case, the prescribing provider is seemingly unaware that the applicant is concurrently receiving prescriptions for another proton pump inhibitor, Prilosec, from another treating provider, along with prescription for ranitidine, an H2 antagonist. No compelling rationale for provision of two separate proton pump inhibitors, Prilosec and Protonix, was furnished here. It did not appear, based on a survey of the file, that the two providers were aware that the applicant was receiving proton pump inhibitors from the other provider. Therefore, the request is not medically necessary.