

Case Number:	CM14-0161704		
Date Assigned:	10/07/2014	Date of Injury:	07/04/2012
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 25 year-old female, with a reported injury on 07/04/14. The mechanism of injury was from a fall. She was diagnosed with status-post right knee excision of the medial parapatellar plica and patellar chordoplasty and persistent right knee arthropathy and lumbar strain. Her past treatments included conservative care, surgery of the right knee, and physical therapy. On 08/01/14, the injured worker complained of constant pain and grinding in the right knee with occasional tingling and numbness at the calf, constant pain in the low back with limping and restless sleep. The physical exam reported a history of nausea and vomiting, heartburn, swollen right knee with tenderness that extends over the sciatic notch. Her current medications are Vicodin, Ondansetron, citalopram, amitriptyline, and metoclopramide. Her treatment plan was noted to include dilute Kenalog injections, knee and lumbar braces, 6 physical therapy visits, a quantitative urine drug screen to evaluate for medication management/pain medication therapy, and prescriptions for Voltaren and Protonix. The rationale for Protonix 20mg QD #30 was noted to be due to the patient's poor history of non-tolerance to nonsteroidal anti-inflammatory drugs with a history of gastritis and to prevent gastric ulceration. The Request for Authorization form was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRTONIX 20 MG QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for PRTONIX 20 MG QD #30 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients taking NSAIDs who are at increased risk for gastrointestinal events signified by age greater than 65 years old with a history of gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or with high doses of multiple nonsteroidal anti-inflammatories. The guidelines also recommended proton pump inhibitors in the treatment of dyspepsia secondary to NSAID therapy. The injured worker was prescribed Voltaren, as well as Protonix due to her poor history of non-tolerance to nonsteroidal anti-inflammatory drugs with a history of gastritis and to prevent gastric ulceration. However, details regarding her intolerance and gastritis with previous NSAID use were not provided, including the type of NSAID that caused problems and whether previous use of Protonix was effective. As it is not specifically stated that use of Voltaren caused symptoms of gastritis, use of protonix as an adjunct to this treatment is not supported. Furthermore the injured worker is a 25 year old female with no prior history or diagnosis documented of gastrointestinal events such as gastric ulcers, resulting in increased risk for gastrointestinal events with this treatment and use of proton pump inhibitors is not supported by the guidelines for prophylactic treatment. Therefore, based on the guidelines and documentation submitted for review, Protonix 20mg QD #30 is not medically necessary.