MAXIMUS Federal Services

Case Number:	CM13-0019082		
Date Assigned:	10/11/2013	Date of Injury:	12/30/2009
Decision Date:	01/29/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Washington DC, and Virginia. 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 physician 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:

This is a 42-year-old female who had sustained injury to her neck and upper extremities on Dec 30 2009. She works as a school bus driver. She has some repetitive work activities. She also had some issues with right shoulder pain following injury to her right shoulder in July 6 2004. Initially she had been treated by [redacted], Orthopedist, for trigger finger release in 2007 as well as for multiple pain complaints in her neck, right shoulder, right arm, right hand for which she was treated with physical therapy, medications and some surgical intervention in 2008 to her finger, wrist and shoulder. Despite, she has had ongoing issues with pain. Patient had MRI of shoulder showing partical tearing of the distal anterior type muscle. She underwent right shoulder arthroscopy on Jan 12, 2009 to include decompression and debridement. Patient also had CTS documented in September 10 2009. Patient continued her care under [redacted] and was given an injection in cervical spine on an unclear date, by a [redacted]. Patient also had [redacted], Vascular surgery, for concerns of thoracic outlet syndrome. At that time [redacted] recommend further imaging of neck and right shoulder and electrodiagnostics. During this time, she was taking Naprosyn 500mg, Norco5/325mg, and Prilosec for prophylaxis from NSAID usage. She was seen by [redacted], orthopedist, on June 7 2013 for ongoing pain complaints of her cervical spine as part of review for worker's compensation but was unable to provide impressions due to limitations in documentation provided for review. Following this, she was evaluated by an orthopedic specialist, [redacted] on July 31 2013 for symptomatic tenderness. He documented his examination findings decreases in range of motion testing and found her to Right cervical radiculopathy as well disc bulging and different levels: C5-6, T5-6, T6-7. His therapy strategy was to include exercise, soft tissue modalities. He also prescribed some medications but this is not clearly describe

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: The Physician Reviewer's decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, a patient is considerd to be at intermediate risk for gastrointestinal events and no cardiac events if 1) an NSAID w/ either a ppi is used or 2) a cox2 agent is used. Long term ppi , over a year, can increase a risk of hip fracture. The patient is considered to be intermediate risk by virtue of being on an NSAID. However it is not clear what the duration of the PPI, protonix, was from the documentation provided. This is needed in order to ensure the patient is receiving medically necessary therapy with the greatest benefit and minimal risk of adverse effects.