MAXIMUS Federal Services

Case Number:	CM13-0022846		
Date Assigned:	12/18/2013	Date of Injury:	03/14/2010
Decision Date:	02/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 54-year-old female who reported a work-related injury on 03/14/2010; specific mechanism of injury not stated. The patient currently presents for treatment of the followings diagnoses: cervical spine herniated or bulging disc, cervical radiculitis, status post-surgical left shoulder with residual effects, impingement syndrome of the left shoulder, bilateral carpal tunnel syndrome, lumbar spine herniated or bulging disc, lumbar spine spondylolisthesis, stress, and anxiety. The most recent clinical note submitted for review dated 03/19/2013 reports the patient was seen under the care of [redacted] for an initial orthopedic re-evaluation of the patient. The provider documents the patient is utilizing pantoprazole sodium 20 mg 2 to 3 times a day, butalbital 40 mg 3 times a day, omeprazole 20 mg 1 by mouth daily, naproxen 550 mg 1 by mouth every 4 to 5 hours, capsaicin, topical analgesic, amitriptyline, tramadol, and flurbiprofen ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg 2 x day #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence why the patient utilizes both pantoprazole sodium between 40 and 60 mg a day, as well as omeprazole. Current treating diagnoses for the patient did not reveal the patient presented with any significant gastrointestinal complaints to support the requested medication. There was a lack of documentation evidencing the rationale for the patient to utilize 2 proton pump inhibitors, medications that have the same action. California MTUS supports utilization of proton pump inhibitors for patients who present with complaints of gastrointestinal events. However, without documentation evidencing the patient's reports of efficacy and the presenting diagnoses to support utilization of this medication, the request for Protonix 20 mg 2 times day #60 tablets is not medically necessary or appropriate.