

Case Number:	CM13-0036882		
Date Assigned:	12/13/2013	Date of Injury:	12/30/2009
Decision Date:	02/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 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 44-year-old female who had a cumulative injury between 12/30/2008 and 12/30/2009. The mechanism of injury was not reported. The patient was diagnosed with right cervical radiculopathy, disc bulging at C6-7, disc bulging at C5-6, and C6-7, right thoracic outlet, status post right shoulder arthroscopy in 2006, status post right De Quervain's release in 2008, status post right trigger thumb release in 2008, and right wrist tendonitis. The physical examination of the cervical spine revealed tenderness to palpation in the upper, mid, and lower paravertebral and right trapezius muscle. The range of motion, flexion is 30 degrees with 30 degrees of right lateral bending, 40 degrees left lateral bending, 50 degrees right lateral rotation, 45 degrees left lateral rotation, and 30 degrees extension. There was increased pain with cervical extension. There was a positive Spurling's maneuver on the right side and negative on the left side. There was a negative Adson's and Wright's maneuver. Physical examination of the thoracic spine revealed tenderness to palpation in the right upper paravertebral muscles. There was mild limitation of motion. Shoulder girdle examination revealed parascapular and trapezius tenderness with no winging. There was no tenderness and a negative Tinel's sign over the brachial plexus and thoracic outlet. The physical examination of the right shoulder indicated there are well healed nontender arthroscopic incisions. There was no soft tissue swelling. No tenderness to palpation, no AC joint or bicipital tenderness, and no irritability. There are paresthesias with shoulder motion; however, no change with the patient's pulses. There was grade 4+/5 rotator cuff strength. The range of motion with flexion was 165 degrees, abduction 160 degrees, extension 45 degrees, external rotation 45 degrees, internal rotation 50 degrees, and adduction 30 degrees. There was greater passive range of motion without obvious adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The California MTUS states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease should consider the use of a nonselective NSAID with either a PPI (proton pump inhibitor) or use of a COX-2 selective agent. Caution is given with long-term use of proton pump inhibitors as studies of use of PPI show that use for greater than 1 year has increased the risk of hip fractures. The clinical documentation submitted for review does not indicate that the patient was having any nausea or vomiting, or any other gastritis issues. Also, the clinical documentation does not indicate how long the patient has been using Protonix or that risk factors were present. Given the lack of documentation to support guideline criteria, the request is non-certified