

Case Number:	CM13-0042584		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2010
Decision Date:	02/27/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Rhode Island. 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 beneficiary presents for an injury of 9/15/10 at work. She has inflammation of the ulnar nerve, chronic epicondylitis and chronic pain in the upper extremity. She had unclear surgery on 4/13. She has been using high doses of NSAID for extended period of time in addition to AED and opioids for pain control. There is no history of increased risk for coronary disease or gastrointestinal bleeding. She has no history of GI bleeding. She does have reflux esophagitis. The exam does reveal decreased ROM in elbow and wrist. No abdominal findings are noted. No imaging or laboratory studies are available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

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

Decision rationale: The beneficiary has not demonstrated a need for long term proton pump inhibitor (PPI) use. She has not had a gastrointestinal bleed, no risk factors for bleed and no increased risk for cardiac

