

Case Number:	CM13-0043350		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2011
Decision Date:	04/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and various oral and topical agents. In a Utilization Review Report of September 27, 2013, the claims administrator retrospectively approved a request for Naprosyn, retrospectively approved a request for Fexmid, retrospectively approved a request for tramadol, and retrospectively denied a request for Protonix. The applicant's attorney subsequently appealed. A September 25, 2013 progress note is notable for comments that the applicant is working her usual and customary job. Final Determination Letter for IMR Case Number [REDACTED] A progress note of December 13, 2013 is notable for comments that the applicant is again working her usual and customary job despite ongoing issues with neck pain. Her medications reportedly help. Multiple medications, including Protonix, tramadol, Fexmid, Menthoderm, and Naprosyn are renewed. The note is sparse and does not provide much in the way of narrative commentary. In an earlier note of May 6, 2013, the attending provider states that the applicant does in fact experience dyspepsia while taking anti-inflammatories but needs to use said anti-inflammatories to control her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant does, in fact, appear to be suffering from issues related to dyspepsia, likely NSAID-induced. Ongoing usage of Protonix to combat the same is indicated and appropriate. Therefore, the request is certified, on Independent Medical Review