

Case Number:	CM13-0049873		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2012
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported a date of injury of 01/21/2012. According to report dated 09/24/2013 by [REDACTED] the patient continues to complain of right elbow intermittent pain with activity. On a scale of 0 to 10, she rates the severity of her pain as 5 to 6 without medication or therapy. Her pain reduces to a rate of 3 with medication. She denies right shoulder pain at this point. Physical examination of the right shoulder demonstrates no tenderness to palpation. There is decreased range of motion particularly with extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG #60 1 TABLET QD/BID 30 MINUTES BEFORE MEALS: Upheld

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

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

Decision rationale: This patient present with wrist and shoulder pain. The physician has requested a refill of Protonix. Protonix is in the same class of medication as Prilosec and the MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for

patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records show this patient has been on Anaprox and Protonix since 03/28/2013. As medical records document, the physician is prescribing Protonix "for gastric protection." However, there is no documentation of any GI symptoms requiring protection. Routine use of PPI for prophylaxis is not supported without GI assessment. Recommendation is for denial.