

Case Number:	CM13-0056093		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2009
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery 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 claimant is a 44-year-old female injured in a work-related accident December 30, 2009. The specific request in this case is for continued use of Protonix. The clinical records available for review included a recent clinical assessment on August 27, 2013 noting a diagnosis of thoracic outlet syndrome with recommendations for a right supraclavicular scalenectomy. The claimant's pain complaints persisted with physical examination showing normal motor and sensory examination of the upper extremities bilaterally. On an October 23, 2013 orthopedic reassessment, the claimant was diagnosed with cervical radiculopathy status post a right shoulder operative arthroscopy in 2006 and right thoracic outlet syndrome. Recommendation was made to continue medication management with Norco, Naprosyn, and Protonix. Past medical history did not indicate gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, the request for Protonix would not be recommended as medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines only recommend the use of protective gastrointestinal agents if the patient is at risk for a gastrointestinal event, which would include an age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concordant use of aspirin, corticosteroids or anticoagulants, or high-dose, multiple nonsteroidal uses. While the records indicate the claimant is utilizing Naprosyn from an anti-inflammatory point of view, there is no documentation of a significant gastrointestinal risk factor for which this claimant would require the use of Protonix. The specific request in this case would not be supported.