

Case Number:	CM13-0056847		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2012
Decision Date:	03/31/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/23/2013

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 Family Practice and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 03/02/2012. The mechanism of injury was noted to be the patient lifted a heavy bag of dirty linen, when she heard a pop in her right shoulder accompanied with pain. The patient had arthroscopic surgery to the right shoulder on 08/13/2012. The patient's medications were noted to be Protonix 20 mg, Elavil, and Anaprox 550 mg. The patient's diagnoses were cervical pain, cervical strain/sprain, shoulder pain and carpal tunnel syndrome. The request was for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI symptoms and Cardiovascular risk Page(s): 68-69.

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

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are appropriate treatment for patients with dyspepsia due to NSAID therapy. The clinical documentation submitted for review failed to indicate the efficacy of the medication or if the patient had continued signs or symptoms of dyspepsia. Additionally, it failed to provide the

duration the patient had been taking the medication. Given the above, the request for Protonix 20 mg #30 is not medically necessary.