

Case Number:	CM13-0064319		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2010
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation, 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 is a 58-year-old female who reported an injury on 1/31/10. The mechanism of injury was not stated. The patient is currently diagnosed with cervical radiculopathy, bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, lumbar spine radiculopathy, plantar fasciitis, gastropathy, anxiety reaction, sleep disorder, and status post cholecystectomy. The patient was seen by [REDACTED] on 10/16/13. Physical examination revealed paravertebral muscle tenderness in the cervical and lumbar spine with spasm, restricted range of motion of the cervical and lumbar spine, reduced sensation in bilateral L5 dermatomal distributions, positive straight leg raising bilaterally, decreased range of motion of bilateral shoulders with positive impingement testing, and tenderness to palpation of the left knee with positive McMurray's testing. Treatment recommendations at that time included continuation of current medication, including Norco, Omeprazole, orphenadrine ER, and Cidaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 PROTONIX 20MG, 1 IN THE MORNING, 2 AT NIGHT: Upheld

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

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.