

Case Number:	CM13-0069471		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 patient is a 60 year old female who was injured on 6/18/13. She sustained a work-related injury to her bilateral hand and wrist and right elbow due to repetitive work such as molding tooth plates. Prior treatment history has included Naproxen 550mg and Tramadol 15 mg. The patient underwent therapy sessions with relief, hand braces and medication. An MRI of the right shoulder dated 9/11/13 shows full thickness tears of the distal supraspinatus and infraspinatus tendons, which are retracted to the subacromial space; moderate to marked acromioclavicular arthrosis; possible partial-thickness intrasubstance tear versus tendinosis of the biceps long head tendon proximal to the biceps groove; and a small glenohumeral effusion. Diagnostic impressions are right shoulder full thickness retracted rotator cuff tears, right shoulder acromioclavicular arthrosis, and right shoulder biceps tear. An evaluation note dated 10/16/13 states that the patient has complaints of on and off right elbow pain with numbness and tingling into the hand and fingers. The pain is rated at 8/10. The pain increases with lifting, carrying, gripping, grasping, pushing, pulling, torquing, and squeezing. She also complains of on and off bilateral wrist and hand pain with swelling, numbness and tingling into the fingers and arms. The pain is rate at 8/10. The pain increases with lifting, carrying, gripping, grasping, pushing, pulling, torquing, and squeezing. She states that her symptoms had worsened severely. On examination of the right shoulder, there is tenderness to palpation over the lateral deltoid, biceps tendon, acromioclavicular joint, and anterior and lateral acromion on the right. Impingement test, Neer's test, Hawkins test, empty can supraspinatus test, and Codman Drop arm test are all positive on the right. Range of motion testing of the shoulders reveals flexion to 130 degrees on the right, abduction to 150 degrees, and internal rotation to 80 degrees. Neurological examination reveals intact sensation to pinprick and light touch throughout the bilateral upper extremity. Deep tendon reflexes are all 2+ throughout the bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 PROTONIX 20MG, ONE TWICE DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that proton pump inhibitors (PPIs) such as Protonix may be recommended for patients at risk for gastrointestinal (GI) events. However, this medication is considered to be a second-line drug, to be tried after a trial of Omeprazole or Lansoprazole, both first-line drugs. Since the patient has not attempted a trial of either first-line medications, it cannot be recommended. As such, the request is not medically necessary.