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| Case Number: | CM14-0117382 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/25/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 24 year old female who reported an injury on 10/25/2010 due to an unspecified mechanism of injury. Her diagnosis is pain of the left shoulder. The past treatment included pain medication, rotator cuff repair, and physical therapy. Her diagnostic studies included an MRI of the left shoulder and EMG of the upper extremities. On 10/08/2013 the injured worker had a rotator cuff repair of the left shoulder. On 07/09/2014, the injured worker complained of increasing neck and left shoulder pain. The examination revealed that the range of motion to the left shoulder was limited in abduction at 165 degrees, forward flexion at 165 degrees, internal rotation at 75 degrees and external rotation at 90 degrees. The medications included Nucynta 50mg tablet for pain and protonix 20mg 1-2 daily. The treatment plan included Nucynta 50mg 3 times a day and discontinuing Nucynta ER 100mg twice a day. Protonix was prescribed for gastrointestinal prophylaxis with medication use. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole - Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68 69..

Decision rationale: The request for Pantoprazole-protonix 20mg #60 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be supported for patients taking NSAIDs who have been shown to be at increased risk for gastrointestinal events or for those with complaints of dyspepsia related to NSAID therapy. The injured worker was noted to be taking Nucynta for pain and that she was prescribed Protonix for gastrointestinal prophylaxis. However, there was no documentation showing that she was taking NSAIDs and that she has risk factors for gastrointestinal events, or that she had complaints of dyspepsia related to NSAID use. As the guidelines do not support proton pump inhibitors for prophylactic use, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for pantoprazole-protonix 20mg #60 is not medically necessary.