

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155121 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 11/01/2009 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Geriatrics and is licensed to practice in New York. 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 43 year old woman with a date of injury of 11/1/09. She was seen by her primary treating physician on 7/21/14 with complaints of left wrist/hand pain, low back pain with right lower extremity symptoms greater than left, left shoulder pain and left greater than right medial elbow pain. She recalled GI upset with NSAIDs and no PPI. She denied a cardiac history, ulcer, hematochezia or hemoptysis. Her exam showed a well healed left carpal tunnel release surgery incision on the left wrist. She had a tender lumbar spine with restrictions in range of motion. She had bilateral positive straight leg raises. Her diagnoses were status post left carpal tunnel release 12/13, left shoulder impingement and bilateral foraminal stenosis L3-4 and L4-5. At issue in this review is the refill of Protonix. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

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

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

Decision rationale: This worker has chronic pain with an injury sustained in 2009. Her medical course has included surgery and use of several medications including NSAIDs. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Protonix. Therefore, this request is not medically necessary.