

Case Number:	CM14-0172944		
Date Assigned:	10/23/2014	Date of Injury:	10/14/2013
Decision Date:	12/02/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 applicant is a represented [REDACTED] employee, who has filed a claim for shoulder pain, myofascial pain syndrome, neck pain, and wrist pain reportedly associated with cumulative trauma at work between the dates of 2000 through 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for Protonix, invoking non-MTUS ODG Guidelines in its denial, despite the fact that the MTUS addressed the topic, the applicant's attorney subsequently appealed. In an August 14, 2014, progress note; the applicant reported ongoing complaints of neck and shoulder pain, reportedly attributed to cumulative trauma to work. A left shoulder MRI was endorsed. Work restrictions were suggested. It did not appear that the applicant was working with said limitations in place. In a September 11, 2014 progress note, the applicant reported 3 to 7/10 wrist, hand, and shoulder pain. The applicant was reportedly using Diclofenac, Protonix, and Tramadol. It was stated that the applicant denied any present symptoms of GI upset while using Protonix. It was stated that the applicant was pending knee surgery. It was suggested (but not clearly stated) that the applicant was using Protonix for gastric protective effect. The applicant was 68 years of age, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants, who are at heightened risk for gastrointestinal events and, who by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are age 65 years of age and was using oral Diclofenac, an NSAID medication. Prophylactic usage of pantoprazole (Protonix) was indicated in conjunction in usage of Diclofenac. Therefore, the request was medically necessary.