MAXIMUS Federal Services

Case Number:	CM14-0020854		
Date Assigned:	04/30/2014	Date of Injury:	12/30/2009
Decision Date:	08/06/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 44-year-old female who has submitted a claim for cervical radiculopathy, cervical disc displacement, thoracic disc displacement and De Quervain disease associated from an industrial injury date of December 30, 2009.Medical records from 2013-2014 were reviewed, the latest of which dated January 27, 2014 revealed that the patient is scheduled to proceed with right thoracic outlet surgery. On physical examination, there is tenderness in the upper, mid and lower paravertebral and right trapezius muscle. There is limitation in range of motion with flexion to approximately 30 degrees, extension to approximately 30 degrees, right lateral bending to approximately 30 degrees, left lateral bending to approximately 40 degrees, right lateral rotation to approximately 50 degrees and left lateral bending to approximately 50 degrees. There is increased pain with cervical extension. There is positive Spurling maneuver on the right side. There is tenderness in the right upper paravertebral muscles and mild limitation in range of motion of the thoracic spine. There is periscapular and trapezius tenderness with no winging. There is patchy sensation in the bilateral upper extremities, right more than the left, along the C6, C7, C8 and T1 distribution.Treatment to date has included right shoulder arthroscopy (2006), right De Quervain's release (2008), right trigger thumb release (2008), and medications that include Norco, Naproxen and Protonix.Utilization review from February 7, 2014 denied the request for Retrospective Protonix 20 Milligrams, #60 because none of the conditions (gastritis, heartburn, peptic ulcer disease or gastroesophageal reflux disease) typically given proton pump inhibitor is documented for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PROTONIX 20 MILLIGRAMS, #60: Upheld

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

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

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age biger than 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. Patient has been on this medication since at least September 2013. He has a history of long-term use of NSAIDs and opioid, but not on high doses. Also, the patient is only 44 years old and does not have a history of gastritis, heartburn, peptic ulcer disease, or GERD(gastroesophageal reflux disease). The patient is not at risk for gastrointestinal events. The medical necessity for pantoprazole was not established. Therefore, the retrospective request for Protonix 20 mg, #60 is not medically necessary.