

Case Number:	CM14-0031329		
Date Assigned:	06/20/2014	Date of Injury:	12/12/2006
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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. 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 66 year old male who has a date of injury of 12/12/06. The mechanism of injury is not described. No early clinical records were provided for review. The available records indicate that the injured worker currently receives treatment for hypertension, premature ventricular contractions, atrial fibrillation, hiatal hernia, gastroesophageal reflux disease, and recurring sinusitis. It is noted that the injured worker's atrial fibrillation is controlled on Sotalol. There are numerous clinical records which indicate that the injured worker has evidence of hiatal hernia and gastroesophageal reflux disease improved with Omeprazole and Protonix 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #90, Date of Service: 7/16/12, 9/20/12, 10/8/12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The submitted clinical records clearly indicate that the injured worker has a history of a hiatal hernia and gastroesophageal reflux disease. The records indicate that the use of

Omeprazole as well as Protonix 20mg are of significant benefit and reduce the injured worker's symptomatic gastroesophageal reflux disease. As such, the request is medically necessary.