

Case Number:	CM14-0034728		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2006
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 55 year-old woman who was reportedly injured on May 3, 2006. The mechanism of injury is noted as a fall type event. The most recent progress note dated March 26, 2014, indicates that there are ongoing complaints of upper extremity, lower extremity, back and neck pain. An element of depression is also noted. The physical examination demonstrated an alert, cooperative, and somewhat depressed individual. A swelling of the left hand is noted with the coolness of the bilateral hands reported. A decrease in shoulder range of motion is noted. Sitting straight leg raising is positive. Diagnostic imaging studies are not referenced in the progress notes reviewed. Previous treatment includes multiple narcotic medications. A request had been made for the medication Protonix and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Protonix 200mg dos:02/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Protonix is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California MTUS Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented GI distress symptom. However, there is no noted symptomology or adverse effect. Furthermore, the non-steroidal medication being consumed is a Cox-2 medication which would negate the need for such a medication. Therefore, based on the records presented this is not medically necessary.