

Case Number:	CM14-0037520		
Date Assigned:	06/25/2014	Date of Injury:	03/22/2000
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 62-year-old female who was reportedly injured on March 22, 2000. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated November 7, 2013, indicates that there are ongoing complaints of bilateral shoulder and hand pain as well as dyspepsia. The physical examination demonstrated tenderness of the shoulder girdle and right trapezius musculature. There was decreased shoulder range of motion and increase in pain with elevation above 90 degrees. Celebrex, and Ambien were prescribed. A request had been made for Protonix and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: According to the MTUS Chronic Pain Medical Treatment Guidelines proton pump inhibitors, such as Protonix, are recommended for side effects of anti-inflammatory

medications. In this case, the injured employee does complain of dyspepsia and is also currently prescribed Naproxen. Therefore, the request for 60 tablets of Protonix is medically necessary and appropriate.