

Case Number:	CM14-0038026		
Date Assigned:	06/25/2014	Date of Injury:	08/08/2012
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 injured worker has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of August 8, 2012. The injured worker has been treated with the following: Analgesic medications; attorney representation; ORIF surgery of multiple digits of the hand in January and February 2013. Functional capacity testing. In a Utilization Review Report dated March 24, 2014, the claims administrator denied a request for Protonix, stating that the injured worker did not have any issues with GERD or reflux which would support provision of proton pump inhibitors. The injured worker was given refills of Voltaren, Protonix, and Ultram. There is no mention of reflux, heartburn, and/or dyspepsia on this progress note. In a January 7, 2014 progress note, the injured worker was again described as having issues with left hand, left digit, and left shoulder pain. There was no mention of issues with reflux, heartburn, and/or dyspepsia on this progress note, either. In an earlier note of July 30, 2013, the injured worker was again described as having issues with hand, wrist, and neck pain. There was no mention or discussion of reflux, heartburn, or dyspepsia on this note, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69.
Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors to combat NSAID-induced dyspepsia, in this case, however, there were no mentions of reflux, heartburn, and/or dyspepsia on any recent progress note provided. No rationale for selection and/or ongoing usage of Protonix was provided. Therefore, the request is not medically necessary.