

Case Number:	CM14-0069267		
Date Assigned:	07/14/2014	Date of Injury:	07/03/2013
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

This is a 40-year-old female who has an official date of injury of July 3, 2013. She works as an office clerk for the county. The records indicate that sometime in 2012 the claimant awoke and felt a pop in her left shoulder. A September 24, 2013 magnetic resonance imaging (MRI) revealed adhesive capsulitis, minimal acromioclavicular joint osteoarthritis, mild supraspinatus tendinitis and mild infraspinatus tendinitis. The orthopedist has treated what he calls an impingement syndrome with anti-inflammatories, Protonix, Tramadol and Norco. She had 24 physical therapy visits that were helpful. She then had chiropractic treatments. 12 visits were authorized. It is unclear if she completed them and if they were beneficial as there is no notes from the chiropractor. On June 11, 2014 the orthopedist did mention that the patient "had improvement with chiropractic care, but remains symptomatic". There has been some discussion of steroid shots and surgery, neither of which she has seemingly undertaken. Apparently an arthroscopic rotator cuff repair was certified January 2, 2014. There is nothing in the record to suggest that she proceeded with this. This Independent Medical Review is to determine if an additional 12 chiropractic treatments are warranted. Additionally, there was a recent non-certification of Protonix, a proton pump inhibitor. Another task of this Independent Medical Review is to determine if in fact it is medically necessary. Of interest, there was a previous certification for Protonix (November 14, 2013) and yet there are no records showing any discussion of why the patient had been prescribed this. She does take non-steroidal anti-inflammatory drugs (NSAIDs) and has been on both Orudis and Anaprox. There is no indication that she is having current gastrointestinal problems or whether she has previously had problems, such as an ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against gastrointestinal (GI) risk factors and then treat accordingly. The gastrointestinal risk factors listed include: 1) Age greater than 65 years, 2) History of peptic ulcer, GI bleeding or perforation, 3) Concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and 4) High dose/multiple NSAIDs. Treatment is then based on the presence of risk factors. Patients with no risk factor can be given nonselective NSAIDs. Patients at intermediate risk for gastrointestinal events should be given nonselective NSAIDs with either a proton-pump inhibitors (PPIs) or misoprostol 200 4 times daily or a Cox 2 selective agent. Patients at high risk for gastrointestinal events should be given a Cox 2 selective agent plus a PPI if absolutely necessary. These records do not indicate that this patient has any of the listed GI risks and there is no discussion as to the rationale for giving this patient a proton pump inhibitor such as Protonix. Additionally, there is no documentation of acute or ongoing GI complaints. In the absence of any of these issues above, the medical necessity of this medication has not been demonstrated.